2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000002467

Entity Name: ROSENBERG RICH BAKER BERMAN, P.A.

FILED Oct 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
380 FOOTHILL RD BRIDGEWATER, NJ 08807				265 DAVIDSON AVE #210 SOMERSET, NJ 08873	41	
Current Mailing Address:				New Mailing Address:		
PO BOX 6483 BRIDGEWATER, NJ 08807				265 DAVIDSON AVE #210 SOMERSET, NJ 08873	41	
FEI Number:	22-3271252	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and Address of N	lew Registered Agent:	
1200 SOUT PLANTATIO	ORATION SYS TH PINE ISLAN DN, FL 33324 named entity s	ID ROAD US	rpose of	⁻ changing its registered o	ffice or registered agent, or both,	
in the State	of Florida.					
SIGNATUR	E: DAVID RO					
	Electron	ic Signature of Registered Agent	t		Date	
		(2)(b), F.S., the corporation did not r Trust Fund Contribution ().	receive th	ne prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () ROTH, DAVID N 26 HORSESHOE HILLSBOROUGH	E DR		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VC () SCHWARTZ, CA 26 DEAUVILLE I PARSIPPANY, N	DR		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () TRUPPO, STEV 9 COVERED BR NESHANIC STA	IDGE RD		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () FRIEDMAN, LEG 20 CASCADES BRANCHBURG,	DNARD TER		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () SHERMAN, GAR 82 KEATS RD BASKING RIDGI			Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () QUICK, ROBER 3 WOODS RD HILLSBOROUG			Title: () Name: Address: City-St-Zip:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

	Flacture Comments of Committee Office and Discrete		D-1-
SIGNATURE:	DAVID ROTH	PRES	10/20/2009