

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001051

1. Corporation Name

BERCO SERVICES, INC.

Principal Place of Business

16225 PARK TEN PLACE  
SUITE 190  
HOUSTON TX 77084

Mailing Address

16225 PARK TEN PLACE  
SUITE 190  
HOUSTON TX 77084

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0383814

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCT	BAKER, LARRY JR.	<del>9800 CENTRE PKWY., STE. 850</del> 16225 Park Ten Place Ste 190	HOUSTON TX <del>77088</del> 77084
D	BAKER, LARRY SR.	<del>9800 CENTRE PKWY., STE. 850</del> 16225 Park Ten Place Ste. 190	HOUSTON TX <del>77088</del> 77084
DP	BAKER, RUSSELL	<del>9800 CENTRE PKWY., STE. 850</del> 16225 Park Ten Place Ste 190	HOUSTON TX <del>77088</del> 77084
S	POWELL, TOM	<del>9800 CENTRE PKWY., STE. 850</del> 16225 Park Ten Place Ste 190	HOUSTON TX <del>77088</del> 77084
			3000004880233--1 -02/05/02--01042--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Jennifer J. McBurnett

Assistant Secretary

Signature of  
Registered Agent

*Tom Powell*  
REGISTERED AGENT MUST SIGN

Date 12-14-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Tom Powell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/01 (23) 8290550

Daytime Phone #

CR2E040 (801)