

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

05 NOV 21 AM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1250000354

DOCUMENT # F94 000006241

1. Corporation Name

BERNINI INC.

2. Principal Office Address

10401 VENICE BLVD

Suite, Apt. #, etc.

City & State

LOS ANGELES CALIFORNIA

Zip

90034

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

1977

5. FEI Number

95-3196224

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YOUSUF TAR

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

19571 BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE# 551

City

MIAMI

300062129033

12/13/05--01067--009 **875.00

700062129097

12/13/05--01067--010 **8.75

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-11-2005

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	YOUSUF TAR	10401 VENICE BLVD	LOS ANGELES CA 90034
V.P.	SHEHZAAD TAR	10401 VENICE BLVD	LOS ANGELES CA 90034
V.P.	IMTIAZ TAR	10401 VENICE BLVD	LOS ANGELES CA 90034
SEC.	HANIFA TAR	10401 VENICE BLVD	LOS ANGELES CA 90034

10. 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, F.S. 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 607.0403(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-2005

310-815-1786