

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000006692

1. Entity Name  
BERNANA, INC.



Principal Place of Business  
2043 HARBOR LINKS DRIVE  
LONGBOAT KEY, FL 34228

Mailing Address  
P.O. BOX 8326  
LONGBOAT KEY, FL 34228 US

FILED

09 MAY -1 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09  
04289009 REINSTATEMENT 082E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
62-1517634

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROUT, BERNHARDT  
2043 HARBOR LINKS DRIVE  
LONGBOAT KEY, FL 34228

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
TROUT, BERNHARDT  
PO BOX 826  
LONGBOAT KEY, FL 34228 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
PO BOX 8326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000155151660  
05/01/09--01064--027 \*\*150.00  
05/27/08 90038 050 \$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that it changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

← SIGN/DATE

Director

Block 11-11

29 APRIL 09

941 350 0221

April 27, 2009

Florida Department of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: F99000006692

Dear Sirs:

Enclosed is our "2009 For Profit Corporation Reinstatement" form. Please note that we were unaware until just recently that last year's form had been rejected. Our payment for 2008 of \$150 was cashed May 30, 2008, therefore we are enclosing only \$150 (for a total of \$300) for the current year's form. We can provide information on last year's payment if necessary.

Please let us know if you have any questions regarding this matter,

Sincerely,

  
Bernhardt Trout, President

← SIGN