PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham -FOR--> Secretary of State **REINSTATEMENT** DIVISION OF CORPORATIONS 97 JUN 18 AM 11: 05 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA RANDALL C. BERG INC. Principal Place of Business 4982 Arapahoe Avenue 4982 Arapahoe Avenue Jacksonville, FL 32210 Jacksonville, FL 32210 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 Date Incorporated or Qualified To Do Business in Florida 12/29/1983 Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2361978 Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) PD BERG, RANDALL C. 4982 Arapahoe Avenue Jacksonville, FL 32210 8000<u>022221588--</u>5 -06/24/97--01043--005 ****200.00 ****2mi.00 Mr. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Berg, Randall C. 4982 Arapahoe Avenue Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Vacksonville, Fe 32210 State 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for Information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes 12. 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 filling 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)(i), 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.

Date (904) 388-2593

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall C. Berg, President