

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G91039

**FILED**  
**May 18, 2010**  
**Secretary of State**

**Entity Name:** BERRY DEVELOPMENT CORPORATION OF FLORIDA

**Current Principal Place of Business:**

8019 N. HIMES AVE.  
SUITE 505  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 272082  
TAMPA, FL 336882082 US

**New Mailing Address:**

**FEI Number:** 59-2452502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BERRY, ROBERT E.  
14303 BELLEMONT PLACE  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** ROBERT E BERRY

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERRY, ROBERT E.  
Address: 14303 BELLEMONT PLACE  
City-St-Zip: TAMPA, FL 33624

Title: V  
Name: BERRY, STEVEN M.  
Address: 3714 VILLAGE ESTATES  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT E BERRY

P

05/18/2010

Electronic Signature of Signing Officer or Director

Date