

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR 21 AM 7:41

DOCUMENT # H73956

1. Corporation Name

**BERG VENTURES, INC.**

**REINSTATEMENT**

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

596 ALHAMBRA LANE N.

Suite, Apt. #, etc.

3. Mailing Office Address

596 ALHAMBRA LANE N.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip  
32082

Country  
US

Zip  
32082

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1985

5. FEI Number

59-2587813

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  
**BERG, GORDON**

Street Address (P.O. Box Number is Not Acceptable)  
**596 ALHAMBRA LANE N.**

Suite, Apt. #, Etc.

City  
**PONTE VEDRA BEACH**

State  
**FL**

Zip Code  
**32082**

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Gordon W. Berg*

REGISTERED AGENT MUST SIGN

V.P.

Date *3/15/07*

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
P/T/D	BERG, CAROL	596 ALHAMBRA LANE N.	PONTE VEDRA BEACH, FL 32082
V/D	BERG, GORDON	596 ALHAMBRA LANE N.	PONTE VEDRA BEACH, FL 32082
V/S/D	BERG, LAWRENCE	16 WOOD THRUSH ACRES	WHITEFIELD, NH 03598

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 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 contained in Chapter 119, 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:

*Lawrence Berg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

(603) 444-3971

Daytime Phone #