

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

08 APR -4 PM 12:20

DOCUMENT # K55202

1. Corporation Name

C. BERKY & ASSOCIATES, INC.

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

20283 State Road 7

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33498-6903

Country

Palm Beach

Zip

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1988

5. FEI Number

65-0091088

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

H. Charles Berkly

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

20283 State Road 7

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton,

State

FL

Zip Code

33498-6903

☒ 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

H. Charles Berkly

REGISTERED AGENT MUST SIGN

Date

3/27/08

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	H. Charles Berkly	20283 State Road 7, Suite 300	Boca Raton, FL 33498-6903
Dir	H. Charles Berkly	20283 State Road 7, Suite 300	Boca Raton, FL 33498-6903

REINSTATEMENT

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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:

H. Charles Berkly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08

Date

161-368-4359

Daytime Phone #