PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 15 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96562

1. Corporation Name

BERLIT CORPORATE SERVICES, INC.

2. Principal Office Address	3. Mailing Office Address
848 Brickell Avenue	Same
Suite, Apt. #, etc. 200	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33131 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6/19/1989

5. FEI Number 650133734 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: David R. Berley

Street Address (P.O. Box Number is Not Acceptable): 848 Brickell Avenue

Suite, Apt. #, Etc.: 200

City: Miami State: FL Zip Code: 33131

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****750.00 ****750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date 11/6/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P,S T	David R.Berley	848 Brickell Avenue Suite 200	Miami, FL 33131
Asst. Sec.	Aida Rosado	848 Brickell Avenue Suite 200	Miami, FL 33131

REINSTATEMENT 00 TS

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 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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/6/00 Daytime Phone #