

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 27 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000014516**

**1. Limited Liability Company's Name**  
BERK OF SARASOTA, LLC

**2. Principal Office Address**  
1055 S. TAMiami TRAIL

Suite, Apt. #, etc.  
SUITE 112

City & State  
SARASOTA

Zip Country  
FL USA

**3. Mailing Office Address**  
8912 Bel Air Pl  
103 PRETTYMAN DRIVE

Suite, Apt. #, etc.

City & State  
POTOMAC, MD

Zip Country  
20854 USA

**4. State/Country of Formation**  
FLORIDA, USA

**5. Date Organized or Qualified To Do Business in Florida** NOV. 27, 2000

**6. FEI Number** 651064499

Applied For  
Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐ \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
MATTHEW B. MAYPER

Street Address (P.O. Box Number is Not Acceptable)  
1515 RINGLING BLVD

Suite, Apt. #, Etc.  
10TH FLOOR

City  
SARASOTA

600037663796  
06/04/04--01028--001 \*\*50.00

600037663796  
06/04/04--01028--002 \*\*15.00

State Zip Code  
FL 34236

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/16/04

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BARRY J. BERKOWITZ	8912 Bel Air Pl 103 PRETTYMAN DRIVE	POTOMAC, MD 20854

**REINSTATEMENT** 2003-2 004

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date

4/24/04

Daytime Phone # 703 906 5713

Typed or printed name of signing Managing Member/Manager