

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1032
09 JAN 21 PM 1:45
FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000035576

1. Limited Liability Company's Name

S BERGER, LLC

400141464984
01/20/09--01033--001 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
370 SE 20th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address
370 SE 20th Avenue

Suite, Apt. #, etc.

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip Country
33441 U.S.

Zip Country
33441 U.S.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **05/10/2004**

6. FBI Number
20-1100664

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
Steve Berger

Street Address (P.O. Box Number is Not Acceptable)
370 SE 20th Avenue

Suite, Apt. #, Etc.

City
Deerfield Beach,

State Zip Code
FL 33441

☒ A \$100 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 \$100 reinstatement be waived.

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 **See Below**

Date _____

REGISTERED AGENT MUST SIGN

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
MGR	Steven Berger	370 SE 20th Avenue	Deerfield Beach, FL 33441

REINSTATEMENT 2002-09

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 608.406, 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 **1/15/09**

Daytime Phone **954-418-0779 x201**

Typed or printed name of signing Managing Member/Manager

2072

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

January 15, 2009

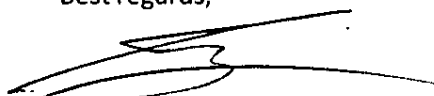
To whom it may concern:

I am writing this letter to state that I have never received notice of my annual reports for 2007 and 2008 due to the fact that address on file was incorrect. I would like to reinstate my corporation back to 2007 and have updated the records to indicate the correct address.

I have enclosed a check in the amount of \$416.25 which would include those years as well as 2009 (\$138.75 per year).

If there are any issues or questions please feel free to contact me at sberger6@gmail.com or 917-509-6638 (cell).

Best regards,



Steven Berger
Owner
Tropic Isle Beach Resort