

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M38524

1. Corporation Name

BERGIN BROTHERS & SHERMAN, INC.

Principal Place of Business

C/O ROSS, CUSANO & COMPANY, CPA
18305 BISCAYNE BLVD. STE 302
MIAMI FL 33160
US

Mailing Address

401 BISCAYNE BLVD #S202
18202 BISCAYNE BLVD.
MIAMI FL 33132

600 NE 36 ST
MIAMI FL 33137 #322

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

600 NE 36 ST #322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

Country

Zip

33137

Country

DADE

4. Date Incorporated or Qualified To Do Business in Florida

09/17/1986

5. FEI Number

59-2739727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SHERMAN, ARLENE J	401 BISCAYNE BLVD	MIAMI FL
VD	SHERMAN, WARREN	401 BISCAYNE BLVD	MIAMI FL
STD	SHEMAN, JEFFREY	401 BISCAYNE BLVD	MIAMI FL
D	AVILA, JAVIER	401 BISCAYNE BLVD	MIAMI FL
REINSTATEMENT			'97
			SEC 11-10-97

8. Name and Address of Current Registered Agent

SHERMAN, ARLENE J
401 BISCAYNE BLVD.
SUITE 5118
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

5900000346505-2

Suite, Apt. #, Etc.

-11/13/97--01055--005

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Arlene J. Sherman

REGISTERED AGENT MUST SIGN

Date

11-6-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Arlene J. Sherman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-97

Date

305 573-0627

Daytime Phone #

CF12E040 (8/97)