

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -3 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M38524

1. Corporation Name

BERGIN BROTHERS & SHERMAN, INC

2. Principal Office Address

750 N. OCEAN BLVD

Suite, Apt. #, etc.

APT # 801

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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. Name and Address of Current Registered Agent

Name

SHERMAN, ARLENE

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

750 NORTH OCEAN BOULEVARD

Suite, Apt. #, Etc.

APT # 801

City

POMPANO BEACH

State

FL

Zip Code

33062

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*Arlene J. Sherman*
REGISTERED AGENT MUST SIGN

Date

3/15/02

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
PD	SHERMAN, ARLENE J	750 N. OCEAN BLVD # 801	POMPANO BEACH, FL 3306
VD	SHERMAN, WARREN	750 N. OCEAN BLVD # 801	POMPANO BEACH, FL 3306
STD	SHERMAN, JEFFREY	750 N. OCEAN BLVD # 801	POMPANO BEACH, FL 3306
D	AVILA, JAVIER	750 N. OCEAN BLVD # 801	POMPANO BEACH, FL 3306

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #