## PLEASE READ ALL INSTRUCTIONS-BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	S	DEPARTME Secretary of SION OF CORPO		orvisi 10 M	ON OF THE STATIONS	;
DOCUMENT # N0400001167  1. Corporation Name							
ASSEMBLY OF BEREE INC.							
					70	00176012 5/1001041003	727
Principal Office Address - No P.O. Box #     3020 CONGRESS PARK DR			office Address		REINSTATEMENT 08 10		
Suite, Apt. #, etc. Suite, Apt. #, APT 238			etc.		Date Incorporated or Qualified		
City & State City & State					To Do Business in Flonda 01/24/2004  5. FEI Number Applied For		
LAKE WORTH, FL  Zip Country Zip			Country		20-064407		
33461	USA	Zip		unit y	6. CERTIFICATE		5 Additional Fee required r a Certificate of Status
7. Name and Address of Current Registered Agent					-		
JEAN ELIE POINT DU JOUR					☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable) 3020 CONGRESS PARK DR					the prior notices. By checking this box, you		
Suite, Apt.	#, Etc.				are certifying the prior notices were not received and requesting the reinstatement		
City	vorth		Stat FL		fee be waived. 700176012727 05/17/1001060014 **183.75		
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 o Registered		E Point 6	du Jour			Date 03/29/2010	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name o Officers and/or	Street Address of Each Officer and/or Director		:h	City / State / Zip		
P	JEAN E POINT DU JOUR		3020 CONGRESS PARK DR		DR APT 238	LAKE WORT	H FL 33461
VP	ABLE POINT D	31 CONGRESS PARK DR APT 1028		LAKE WORTH	FL 33461		
S.	GERTRUDE POI	3020 CONGRESS PARK DR APT 238		LAKE WORTI	d FL 33461		
PR	LESLIE BAS	3120 CONGRESS PARK DR APT 1231		LAKE WORTI	H FL 33461		
PR	ARTHUR LO	3020 CONGRESS PARK DR APT 238		LAKE WORTI	H FL 33461		
Τ	LUCIEN CADEAU			3020 CONGRESS PARK DR APT 23		LAKE WORTH	FL 33461
10. E-mail Address: <u>Jean Point Sulpar De Jalvo</u> . com							
(To be used for future annual report notification)  11, 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 filling							

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. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/2010 561-891-2706

Date

Daytime Phone #

made under oath

SIGNATURE: