

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004746**

1. Corporation Name

BLANCHE BERGIN MARINA PARK, INC.

Principal Place of Business

2734 S.W. 24TH TERRACE
MIAMI FL 33145

Mailing Address

~~2734 S.W. 24TH TERRACE~~
~~MIAMI FL 33145~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

c/o Lynne Fielder
P.O. Box 420973
Summerland Key, FL
33042 U.S.A.

REINSTATEMENT 02



100009443051
12/10/02--01096--009 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1995

5. FEI Number

65-0613185

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|---|--|
| PD | BERGIN, PADRAIC A | % LYNNE FIELDER, P.A., 19980 OVER 2734 S.W. 24th Terr. | SUGARLOAF KEY FL 33042 Miami, FL 33145 |
| D | BERGIN, TIMOTHY | 2450 RESOLUTION DRIVE 490 Lesrohde Dr. | ANCHORAGE AK 98517 Bamrod Key, FL 33042 |
| D | BERGIN, MICHAEL | 17909 LINDEN NORTH | SEATTLE WA 98133 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

FIELDER, LYNNE H
19980 OVERSEAS HIGHWAY
SUMMERLAND KEY FL 33042

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Lynne Fielder
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-18-02

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 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:

Timothy Bergin
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/09/02 812-0365

Daytime Phone #

CR2040 (8/02)