

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -8 AM 8:00

DOCUMENT # P00000084199

1. Corporation Name

BERKCORP INTERNATIONAL TRADING, INC.

2. Principal Office Address

2800 NW 56th Ave.

Suite, Apt. #, etc.

Unit # E402

City & State

Lauderhill

Zip

33313

Country

Broward

3. Mailing Office Address

W04-43977

Suite, Apt. #, etc.

11

City & State

11

Zip

11

Country

11

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1116756

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

DAVID RASKIN

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

440 SOUTH FEDERAL HIGHWAY SUITE 204

Suite, Apt. #, Etc.

City

DEERFIELD BEACH, FLA 33441

State

FL

Zip Code

33441

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

[Signature]

Date 11-30-2004

REGISTERED AGENT MUST SIGN

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	BERKLEY ROLLE	2800 NW 56th Ave,	Lauderhill, FL 33313

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:

Berkley Rolle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

30-11-04

Daytime Phone #

CR2E081 (01/04)

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Florida Department of State
Corporate Reinstatement Division
Tallahassee, Fla


Re: Berkcorp International Trading Inc.
P00000084199

Dear Sir:

Enclosed is payment of \$300 to reinstate my corporation for the last two years. Our business address had changed from 1510 NE 34th Street, Pompano Beach, Fla, and we were not notified by the State. Had we been aware, we would have paid the annual report fee on time. As a result, we respectfully request that the State of Florida abate the \$600 reinstatement fee for my company. Thank you for your consideration.

In the future, please mail all correspondence and annual corporate renewal form to the registered agent, David Raski/CPA, 440 South Federal Highway, Suite 204, Deerfield Beach, Fla 33441

Sincerely,


Berkley Rolle