

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01 000003407

1. Corporation Name

Bergman-Lane Property Inspection, Inc.

REINSTATEMENT 02-04

2. Principal Office Address

7509 Oakvista Cir

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

U.S.

3. Mailing Office Address

←

Suite, Apt. #, etc.

City & State

←

Zip

33634

Country

U.S.

800028939418

02/17/04--01030--022 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/01

5. FEI Number

59-3695206

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

Catherine Bergman

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

7509 Oakvista Cir

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33634

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

REGISTERED AGENT MUST SIGN

Date

2/10/04

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
Director	<u>Catherine Bergman</u>	<u>7509 Oakvista Cir</u>	<u>Tampa, FL 33634</u>
Director	<u>Melissa Lane</u>	<u>7509 Oakvista Cir</u>	<u>Tampa, FL 33634</u>

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

2/10/04

Date

884-6310

Daytime Phone #

CR2E081 (10/02)