

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY -7 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000019885

1. Corporation Name

Bercon Group, Inc.

2. Principal Office Address

899 E. Country Club Circle

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

3. Mailing Office Address

899 E. Country Club Circle

Suite, Apt. #, etc.

City & State

Plantation Florida

Zip

33317

Country

USA

REINSTATEMENT 12-04

4. Date Incorporated or Qualified  
To Do Business in Florida

2/22/2001

5. FEI Number

65-1086471

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

CARLOS BERNAL

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

899 E. Country Club Circle

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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]*

REGISTERED AGENT MUST SIGN

Date

4/24/04

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
Pres.	CARLOS BERNAL	899 E. Country Club Circle Plantation FL 33317	Plantation, FL 33317

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

*[Signature]*

Date

4/24/04

Daytime Phone #

954-583-7320

April 24, 2004]

Carlos Bernal, President  
Bercon Group, Inc.  
899 East Country Club Circle  
Plantation, Fl. 33317  
954-583-7320

Re: P01000019885.

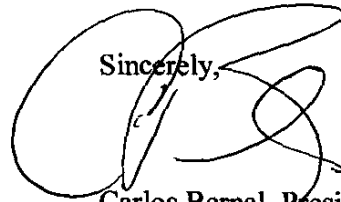
To Whom It May Concern:

This letter is to request a waiver for the \$600 reinstatement fee regarding my corporation. I never received any correspondence regarding the filing of an Annual Report.

Please note the above address, so any further correspondence will be received.

Attached please find a check in the amount of \$450 to cover the cost of the Annual Report for the past 3 years.

Sincerely,

A handwritten signature in black ink, appearing to be 'CB' with a large loop and a trailing flourish.

Carlos Bernal, President  
Bercon Group, Inc.