

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000095600**

1. Corporation Name

LAW OFFICES OF P.HELDER BERNARD P.A.

2. Principal Office Address - No P.O. Box #

19553 N.W.2ND AVE

3. Mailing Office Address

19553 N.W. 2ND AVE

Suite, Apt. #, etc.

SUITE 209

Suite, Apt. #, etc.

SUITE209

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33169

Country

USA

Zip

33169

Country

USA

7. Name and Address of Current Registered Agent

Name

PETER HELDER BERNARD ESQ

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

14880 S.W. 45 COURT

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

Peter Helder Bernard
REGISTERED AGENT MUST SIGN

Date **1/27/2010**

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
P	BERNARD PETER H	14880 S.W. 45TH COURT	MIRAMAR FLORIDA 33027
S	BERNARD NANCY P	14880 SW 45TH COURT	MIRAMAR FLORIDA 33027
T	DIMANCHE CARLYL	14880 SW 45TH COURT	MIRAMAR FLORIDA 33027
VP	DESPRADEL PASCAL	3033 WEST MISSIONWOOD CIR	MIRAMAR FLORIDS 33025

10. E-mail Address: **Pdespradel@bellsouth.net pbem698252aol.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 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. I further certify, 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:

Pascal Despradel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASCAL DESPRADEL

1/27 2010
Date

Daytime Phone #

FILED

10 FEB -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900167707539
02/01/10--01046--019 **600.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1151288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.