

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 OCT 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100115

1. Corporation Name

FRANK BERRY AND ASSOCIATES, INC.

Principal Place of Business

6740 E. TROPICAL WAY
PLANTATION FL 33317

Mailing Address

6740 E. TROPICAL WAY
PLANTATION FL 33317

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2001

5. FEI Number

EIN# 91-2167316

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
D	BERRY, FRANK D	6740 E. TROPICAL WAY	PLANTATION FL 33317

900008666659
10/29/02--01070--011 **150.00

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8. Name and Address of Current Registered Agent

BERRY, FRANK D
6740 E. TROPICAL WAY
PLANTATION FL 33317

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

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

Date

Daytime Phone #

10/21/02 954-797-7500

CR2E040 (8/02)

FRANK BERRY & ASSOCIATES, INC.
6740 East Tropical Way
Plantation, Florida 33317
Tel/Fax 954-797-7500

October 24, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, FL. 32314-6327

Dear Sir or Madam:

This is to verify that I, Frank Berry, of Frank Berry and Associates, Inc, did not receive the two prior uniform business (UBR) notices.

Enclosed please find the application for reinstatement and filing fee of \$150.00.

Sincerely,


Frank D. Berry