

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000000945 1. Entity Name R.L. BERG, INC.						FILED 05 OCT 11 AM 11:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business RT 3, BOX 1000-D WILSON RD LABELLE, FL 33935				Mailing Address RT 3, BOX 1000-D WILSON RD LABELLE, FL 33935			
2. Principal Place of Business 125 WILSON RD Suite, Apt. #, etc.		3. Mailing Address 125 WILSON RD Suite, Apt. #, etc.					
City & State LaBelle FL		City & State LaBelle FL					
Zip 33935		Zip 33935					
4. FEI Number 03-0459836				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BERG, RICHARD L RT 3, BOX 1000-D WILSON RD LABELLE, FL 33935				7. Name and Address of New Registered Agent Name BERG, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) 125 WILSON ROAD City LaBelle FL Zip Code 33935			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <i>Richard L. Berg</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 10-7-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, EVA S RT 3, BOX 1000-D WILSON RD LABELLE, FL 33935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 WILSON RD			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, RICHARD L RT 3, BOX 1000-D WILSON RD LABELLE, FL 33935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 WILSON RD			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060713912 10/18/05--01043--008 **158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Eva S. Berg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 10-7-05 Daytime Phone #: 239-290-1195			