PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000006389**

1. Corporation Name

JOSEPH BERG, INC.

Principal Place of Business	Mailing Address
991 Chelsea Avenue ~~991 CHELSEA AVENUE~~ SEBASTIAN FL 32958	~~PO BOX 700530~~ ~~SEBASTIAN FL 32970~~

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	991 Chelsea Avenue Suite, Apt. #, etc.
City & State	City & State: Sebastian FL
Zip / Country	Zip: 32958 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/18/2002

5. FEI Number: 04-3592052 ☐ 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
P	BERG, JOSEPH	991 CHELSEA AVENUE	SEBASTIAN FL 32958

000024188120
10/28/03--01013--008 **150.00

8. Name and Address of Current Registered Agent

GARAVAGLIA, MICHAEL J ESQ.
756 BEACHLAND BOULEVARD
VERO BEACH FL 32963

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

CR2E040 (7/03)

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: /s/ Michael J. Garavaglia Date: 10/14/03
REGISTERED AGENT MUST SIGN

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: /s/ Joseph Berg 10/14/03 772-388-0980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph Berg Inc
FEI # 04-3592052

10-14-03

Please be advised that this corporation did not receive the two prior uniform business report notices due to a change of address from: PO box 780598
Sebastian, FL 32978
to: 991 Chelsea Ave
Sebastian, FL 32958

Also, please note address correction on the application for reinstatement.

Thank you!

Joseph P Berg

Joseph P. Berg
772-388-0980