

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000025311

1. Entity Name
IRA W. BERMAN & ASSOCIATES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 14 AM 11:00

Principal Place of Business
7127 MELROSE CASTLE LANE
BOCA RATON, FL 33496

Mailing Address
7127 MELROSE CASTLE LANE
BOCA RATON, FL 33496



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072009 REIN-P CR2E098 (1/07)

4. FEI Number
37-1423363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, IRA W
7127 MELROSE CASTLE LANE
BOCA RATON, FL 33496

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BERMAN, IRA W
7127 MELROSE CASTLE LANE
BOCA RATON, FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600140668766
01/14/09--01042--016 ***300.00

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included 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 applicable, or on an attachment with an address, with all other like empowered

SIGNATURE:

IRA W. Berman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/09

Date

561-852-6737

Daytime Phone #