

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JUN 29 PM 3:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000041417

1. Corporation Name
Michael Bergman PA

3111 N. University Dr.
3111 N. University Dr

2. Principal Office Address
3111 N. University Dr.

Suite, Apt. #, etc.
111

City & State
Coral Springs, FL

Zip Country
33065 USA

3. Mailing Office Address
3111 N. University Dr

Suite, Apt. #, etc.
111

City & State
Coral Springs, FL

Zip Country
33065 USA

REINSTATEMENT 03-09

4. Date Incorporated or Qualified
To Do Business in Florida 4/17/2002

5. FEI Number
01-0696582

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael Bergman

Street Address (P.O. Box Number is Not Acceptable)
3111 N. University Dr

Suite, Apt. #, Etc.
111

City
Coral Springs

State Zip Code
FL 33065

400038415544 \$300.00
06/29/04--01025--004 ***367.00

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 Michael C. Bergman P.A.
REGISTERED AGENT MUST SIGN

Date 6/01/2004

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
Pres	Michael C. Bergman	3111 University Dr Ste 111	Coral Springs, FL 33065

10. 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: Michael C. Bergman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/01/2004

Date

954-346-5856

Daytime Phone #

CR2E081 (01/04)

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June 1, 2004

Florida Department of State
Division of Corporations

RE: Michael Bergman, PA
FEIN: 01-0696582
Document Number: P02000041417

To Whom It May Concern:

I am writing regarding the above-mentioned corporation, which has been administratively dissolved since September 2003. I would like to advise that I never received any notification of any kind for the need to file an annual report. I only found out about the fact that my company is dissolved after a co-worker showed me how to look up FL corporations online. Once I looked up my own company and noticed it was "dissolved" I called your office right away. I was then told to download the form and mail it in with a check for 2004 and 2003 in the amount of \$300.00.

Please accept the 2004 Annual Report Form along with the check for \$300 and reactivate my corporation.

Should you have any questions or need further information, please call me at 954-346-5856.

Thank you for your prompt attention to this matter.

Sincerely,

Michael C. Bergman
President

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry

Florida Profit

MICHAEL BERGMAN, P.A.

PRINCIPAL ADDRESS

12346 NW 52ND COURT
CORAL SPRINGS FL 33076

MAILING ADDRESS

12346 NW 52ND COURT
CORAL SPRINGS FL 33076

Document Number P02000041417	FEI Number NONE	Date Filed 04/17/2002
State FL	Status INACTIVE	Effective Date 04/12/2002
Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT	Event Date Filed 09/19/2003	Event Effective Date NONE

Registered Agent

Name & Address
BERGMAN, MICHAEL 12346 NW 52ND COURT 3111 N. University Dr CORAL SPRINGS FL 33076 Coral Springs FL 33065 Suite 111

Officer/Director Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date