

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 22 AM 9:23

DOCUMENT # P02000110719

1. Corporation Name

BERKSHIRE TRUST ADVISORY SERVICES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

Principal Place of Business

Mailing Address

~~7853 ROCK PORT CIRCLE
LAKE WORTH FL 33467~~

~~7853 ROCK PORT CIRCLE
LAKE WORTH FL 33467~~



100023998391
10/22/03--01007--042 **750.00

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

2. New Principal Office Address, If Applicable

9084 Alexandra Circle

Suite, Apt. #, etc.

Wellington, Florida

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

9084 Alexandra Circle

City & State

Wellington, FL

Zip
33414

Country
USA

Zip
33414

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

10/14/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P/C	SOLKOFF, SCOTT M	7853 ROCK PORT CIRCLE 9084 Alexandra Circle	LAKE WORTH FL 33467 Wellington, FL 33414
D/T	BERG, REBECCA	4811 Beach Blvd., Suite 200	Jacksonville, FL 32207
D/S	WALDOCH, LAUREN TENCH	1024 E. Park Ave.	Tallahassee, FL 32301

8. Name and Address of Current Registered Agent

SOLKOFF, SCOTT M
SOLKOFF & ZELLEN, P.A.
1901 S. CONGRESS AVE., STE. 350
BOYNTON BEACH FL 33426-8551

9. Name and Address of New Registered Agent

Name **FREDERICK R. SHORT, JR.**

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

3733 UNIVERSITY BLVD WEST

Suite, Apt. #, Etc.

STE 203

City

JACKSONVILLE

State

FL

Zip Code

32217

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

F. R. Short Jr.

Date **10/12/2003**

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:

Scott Solkoff, Authorized Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2003

Date

561-352-9780

Daytime Phone #

CR2E040 (7/03)