

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND

06 DEC 20 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000154537

**1. Corporation Name**

BERTRAND FINANCIAL SERVICES, INC.

**2. Principal Office Address**

801 W. STATE Rd 436

Suite, Apt. #, etc.

2045

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

SEMINOLE

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/18/2003

**5. FEI Number**

75-3139190

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Kinga Mark BERTRAND

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

3108 CALUMET DRIVE

Suite, Apt. #, Etc.

City

Orlando FL

State

FL

Zip Code

32810

**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

*[Signature]*

Date 10/23/06

REGISTERED AGENT MUST SIGN

**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
CEO	MARK J BERTRAND	308 CALUMET DRIVE	ORLANDO FL 32810
VP	LANCE MARR	112 LAUREL OAK DRIVE	LONGWOOD FL 32779
CFO	CLEVELAND EVANS	7349 CROOKED LK CIRCLE	ORLANDO FL 32818

REINSTATEMENT 04-06 DSK

**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 contained in Chapter 119, 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:

*[Signature]*

MARK J. BERTRAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06

Date

407-831-5464

Daytime Phone #





## Bertrand Financial Services

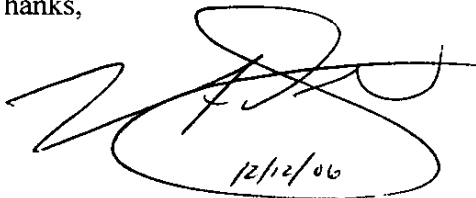
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12/12/06  
Bertrand Financial Services, Inc.  
801 West State Rd 436 Suite 2045  
Altamonte Springs, FL 32714

To whom it may concern,

My name is KinggMark Bertrand CEO of Bertrand Financial Services, Inc. I am requesting that my company be reinstated and that the reinstatement fee be waived. I moved from Jacksonville to Orlando FL and I was expecting my attorney to have updated my address with the state. I never received the annual report notice and when I found out that the company became inactive I did some checking and the cost for reinstatement was out of my budget. The exact date I am unsure of but I know it was June of 2003. I hope that this letter clarifies this issue and that we will be able to reinstate and begin doing business again. In closed is a check for \$450.00 for the years that the reports were not reported.

Thanks,



12/12/06

KinggMark Bertrand  
407-831-5464 Ext 11  
407-628-5464 Fax  
801 West State Rd 436 Suite 2045  
Altamonte Springs, FL 32714