

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000043518

1. Entity Name
BERRYMAN ENVIRONMENTAL CONSULTING, INC.



Principal Place of Business
70 CAMP CREEK ROAD NORTH
SUITE 6
SANTA ROSA BEACH, FL 32459 US

Mailing Address
70 CAMP CREEK ROAD NORTH
SUITE 6
SANTA ROSA BEACH, FL 32459 US

2. Principal Place of Business
70 Camp Creek Road North
Suite 6

3. Mailing Address
70 Camp Creek Road North
Suite 6

City & State
Panama City Beach, FL
Zip 32413 Country Walton

City & State
Panama City Beach, FL
Zip 32413 Country Walton

09192005 REIN-P CR2E088 (6/04)

4. FEI Number
56-2455624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERRYMAN, KATHERINE D
70 CAMP CREEK ROAD NORTH
SUITE 6
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name Berryman, Katherine D.
Street Address (P.O. Box Number is Not Acceptable)
70 Camp Creek Rd. N.
Suite 6
City Panama City Beach FL Zip Code 32413

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 Katherine D. Berryman
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/26/05
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 P
NAME BERRYMAN, KATHERINE D
STREET ADDRESS 70 CAMP CREEK ROAD NORTH, UNIT 6
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Berryman, Katherine D.
STREET ADDRESS 70 Camp Creek Road North, Unit 6
CITY-ST-ZIP Panama City Beach, FL 32413 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000060186590
10/03/05--01055--020 **308.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine D. Berryman Katherine D. Berryman 9/26/05 850-231-5953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #