

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -8 PM 4:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700138686857
12/08/08--01043--016 **450.00

REINSTATEMENT 06-08
CR2E081 (10/08)

DOCUMENT # P04000076574

1. Corporation Name

Bertrand & Malloy, Inc.

2. Principal Office Address - No P.O. Box #

113 Ocean Cay Way

Suite, Apt. #, etc.

City & State

Hypoluxo, FL

Zip

33462

Country

US

3. Mailing Office Address

113 Ocean Cay Way

Suite, Apt. #, etc.

City & State

Hypoluxo, FL

Zip

33462

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

May 12, 2004

5. FBI Number

550884094

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Moira Bertrand

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

113 Ocean Cay Way

Suite, Apt. #, Etc.

City

Hypoluxo

State

FL

Zip Code

33462

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Moira Bertrand

Date

12/15/08

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
Pres.	Moira Bertrand	113 Ocean Cay Way	Hypoluxo/FL/33462

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:

Moira Bertrand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/08

Daytime Phone #

584 9522

12/8/08