

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 24 PM 3:19

DOCUMENT # PD5000029542

1. Corporation Name

Laura P. Berga, P.A.

100138230251
11/24/08--01030--019 **300.00

STATE
ALTA FISCHE, FLORIDA

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

6300 SW 64th Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

6300 SW 64th Ct.

Suite, Apt. #, etc.

REINSTATEMENT 07-08

City & State

South Miami, FL

Zip

33143

Country

USA

City & State

South Miami, FL

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/05

5. FEI Number

20-2404655

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

Christopher G. Berga

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

1201 Brickell Avenue

Suite, Apt. #, Etc.

5th Floor

City

Miami

State

FL

Zip Code

33131

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/20/08

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
<u>P</u>	<u>Laura P. Berga</u>	<u>6300 SW 64th Ct.</u>	<u>South Miami / FL / 33143</u>
	<u>[Handwritten Signature]</u>		

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:

Laura P. Berga Laura P. Berga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/08

Date

3

Daytime Phone #