


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 17 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000036637					
1. Entity Name INVERSIONES BERV INC					
Principal Place of Business 9429 HARDING AVENUE SUITE 37 SURFSIDE, FL 33154			Mailing Address 9429 HARDING AVENUE SUITE 37 SURFSIDE, FL 33154		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				10162008 REIN-P CR2E098 (1/07)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SFEIR, FARID 9429 HARDING AVENUE SUITE 37 SURFSIDE, FL 33154				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SFEIR, FARID		NAME	200137174652	
STREET ADDRESS	9429 HARDING AVENUE, SUITE 37		STREET ADDRESS	10/22/08--01042--005 **150.00	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Farid Sfeir</i>			10-16-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

REINSTATEMENT
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