

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P93000064167*

1. Corporation Name

BERNYK BUILDERS INC.

2. Principal Office Address

*936 BEACHLAND Blvd
Suite, Apt. #, etc.
SUITE 13*

City & State
VERO BEACH, FL
Zip
32963
Country
USA

3. Mailing Office Address

245 BEVERLY CT
Suite, Apt. #, etc.

City & State
MELB. Bch, FL
Zip
32951
Country
USA

REINSTATEMENT 94-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3201915

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

STEVEN BERNYK

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

245 BEVERLY CT

Suite, Apt. #, Etc.

City

MELBOURNE BEACH

State

FL

Zip Code

32951

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]

REGISTERED AGENT MUST SIGN

Date *10-31-01*

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
<i>P</i>	<i>STEVEN BERNYK</i>	<i>245 BEVERLY CT</i>	<i>MELB Bch, FL 32951</i>
<i>VP</i>	<i>DONNA BERNYK</i>	<i>245 BEVERLY CT</i>	<i>MELB. Bch. FL 32951</i>

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 under section 119.07(3)(i), 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] *STEVE BERNYK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/01

Daytime Phone #

561-473-5090

CR2001 (8/00)