


182
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 17 AM 8:00

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P94000075952
1. Corporation Name
Bergee Schoen & Associates, Inc.
DBA/mor Associates

2. Principal Office Address
3413 Monrovia St
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
Coral Gables FL
Zip
33139

City & State
Country

REINSTATEMENT 98-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida 1997

5. FEI Number 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
Judith E. Bergee
Street Address (P.O. Box Number is Not Acceptable)
3413 Monrovia St
Suite, Apt. #, Etc.
City
Coral Gables, FL

State
FL
Zip Code
33139

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 Judith E. Bergee
REGISTERED AGENT MUST SIGN

Date 6/14/04

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	Judith E. Bergee	3413 Monrovia Street	Coral Gables FL 33139
V. Pres	Stephen Schoen	3413 Monrovia Street	Coral Gables FL 33139

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06/17/04--01047--014 **1058.98

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: Judith E. Bergee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/04 1-800-327-1585
Date Daytime Phone #

CR2E081 (01/04)

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BERGER SCHOEN & ASSOCIATES, INC.

DBA/MDR ASSOCIATES

3413 Monegio Street
Coral Gables, Florida 33139

June 14, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern,

We are requesting a Corporation Reinstatement from 1998 to present.

Also, we like the reinstatement fee to be waived as we have not received any documentation since 1998.

Enclosed please find our check for \$1,058.98 which covers applicable fees through 2004, certificate of status and our completed and signed reinstatement form.

Thank you.

Sincerely,

Judith E. Berger

Judith E. Berger
President