PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P94000084495 **DOCUMENT#** 199 DEC -6 PH 12: 148 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BERRYHILL & ASSOCIATES, INC. Principal Place of Business Mailing Address ROW IN THY GROWN ATE SOOMER HOSE TAMPA FL 33602 **TAMPA FL 33602** If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 625 E. Twiggs Street 11/18/1994 Suite Ant # etc. Twiggs Street 5. FEI Number Applied For CitStylite 100 59-3280942 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) City / State / Zip Title(s) DP BERRYHILL, THOMASINA L 601 TWIGGS ST TAMPA FL 33602 D BERRYHILL, WILLIAM L 601 TWIGGS ST **TAMPA FL 33602** 800003073278-- -12/16/99--01095--008 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent William L. Berryhil
Address (P.O. Box Number is Not Acceptable BERRYHILL, WILLIAM L 601 E TWIGGS ST 625 E. Twiggs St.
Sulte, Apt. #, Etc. **TAMPA FL 33602** Suite 100 State Zip Code FL | 33602 Tampa 10. I, being appointed the registered agent of the above named corporation, am largifiar and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGE 11. 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 filling 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. 121, (99 (713) 229-8425

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BERRYHILL & ASSOCIATES, INC.

General Court Reporting Services 13th Judicial Circuit

625 E. Twiggs Street Suite 100 Tampa, Florida 33602 (813) 229-8225 Fax (813) 229-8722 Thomasina Berryhill, RPR President

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December 2, 1999

Kathy Harris Secretary of State Division of Corporations Annual Report/Reinstatement Section Post Office Box 6327 Tallahassee, Fl. 32314-6327

Re: Doc# P94000084495

Dear Ms. Harris:

Enclosed please find our application for reinstatement along with our check number 10273 in the amount of \$150.00 We ask that you waive reinstatement fee due to fact that we did not receive prior notification. The application has a wrong address for Berryhill & Associates, Inc. Please note our correct address on the enclosed form.

If you have any questions or concerns, please feel free to contact my office at (813) 229-8225. You may speak to myself or Mrs. Berryhill. Thank you for your prompt attention in this matter.

Sincerely

Sharon L. Holm General Manager

SLH/sm Enclosures