

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 20 PM 12:42

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084495

1. Corporation Name Berryhill & Associates, Inc.
501 E. Kennedy Blvd.,
Suite 1225
Tampa, Florida 33602

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address <u>501 E. Kennedy Blvd.</u> <u>Suite, Apt. #, etc.</u> <u>Suite 1225</u> <u>Tampa, Florida</u> <u>Zip</u> <u>33602</u>		3. Mailing Office Address <u>501 E. Kennedy Blvd.</u> <u>Suite, Apt. #, etc.</u> <u>Suite 1225</u> <u>Tampa, Florida</u> <u>Zip</u> <u>33602</u>	
<u>Hillsborough</u>		<u>Hillsborough</u>	

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/17/94

5. FEI Number
59-3280942

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
Thomasina L. Berryhill
Street Address (P.O. Box Number is Not Acceptable)
501 E. Kennedy Blvd.
Suite, Apt. #, Etc.
Suite 1225
City
Tampa,

700073503367
05/01/06--01055--005 **\$00.00

State FL **Zip Code**
33602

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** Thomasina L. Berryhill
REGISTERED AGENT MUST SIGN

Date March 28, 2006

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
P	Thomasina L. Berryhill	501 E. Kennedy Blvd. Suite 1225	Tampa, FL 33602
V	William L. Berryhill	501 E. Kennedy Blvd. Suite 1225	Tampa, FL 33602

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: Thomasina L. Berryhill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06 (8/3) 229-8225
Date **Daytime Phone #**