

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV 15 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 895000030666

1. Corporation Name

BERLIN INN CORPORATION.

2. Principal Office Address

2013 Palaco Grande Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 100307

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33910

Country

USA

REINSTATEMENT

D3-06

4. Date Incorporated or Qualified
To Do Business in Florida

April-12-1995

5. FEI Number

895000030666

☒ 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

Manfred Stettin

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

2013 Palaco Grande Pkwy.

Suite, Apt. #, Etc.

City

Cape Coral, FL 33904

State

FL

Zip Code

33904

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

Manfred Stettin

REGISTERED AGENT MUST SIGN

Date

11-15-06

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
Director	Manfred Stettin	2013 Palaco Grande Pkwy.	Cape Coral, FL 33904

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-06 239-800-2828

Date

Daytime Phone #

11/16/06