

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 14 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037121

1. Corporation Name

ISRAEL BERGER & ASSOCIATES OF FLORIDA INC.

2. Principal Office Address

232 MADISON AVENUE

3. Mailing Office Address

232 MADISON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10016

Country

USA

Zip

10016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1995

5. FEI Number

65-0582890

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

KAREN LANE

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

220 UTOPIA CIRCLE

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State

FL

Zip Code

32952

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

Karen Lane

REGISTERED AGENT MUST SIGN

Date

3/31/06

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
P	ISRAEL BERGER	232 MADISON AVENUE	NEW YORK, NY 10016
VP	MARC WEISSBACH	232 MADISON AVENUE	NEW YORK, NY 10016
S	GAIL BERGER	232 MADISON AVENUE	NEW YORK, NY 10016

300070441723

04/14/06-01023-009 **1202.75

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

ISRAEL BERGER - PRESIDENT

Date

3/31/06 (212) 689-5389

Daytime Phone #