

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000044140**

1. Corporation Name

SHERI BERSTELL, INC.

Principal Place of Business

Mailing Address

11610 N.W. 43RD STREET
SUNRISE FL 33351

11610 N.W. 43RD STREET
SUNRISE FL 33351

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1995

5. FEI Number

59-1980798

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	BERSTELL, SHERI	11610 N.W. 43RD STREET	SUNRISE FL 33351

000002013620--6
-11/26/96-01024-008
***375.00 ***375.00

JB11-22-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HILL, EILEEN S
1000 SUNSET STRIP
SUITE B
SUNRISE FL 33313~~

Name
Sheri Berstell
Street Address (P.O. Box Number is Not Acceptable)
11610 NW 43ST
Suite, Apt. #, Etc.
Sunrise, Fla. 33351
City
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Sheri Berstell

REQUIRED
REGISTERED AGENT MUST SIGN

Date **9-25-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Sheri Berstell

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #