

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 # **P95000066041**

1. Corporation Name

**LOUIS BERRY, C.P.A., P.A.**

FILED

97 FEB 17 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**4145 ENCHANTED OAK CIRCLE, UNIT 303  
KISSIMMEE FL 34741**

Mailing Address

**POST OFFICE BOX 484  
ORLANDO FL 32802-0484**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2203 Park Street**

3. New Mailing Office Address, If Applicable

**2203 Park Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32204**

Country

**Duval**

Zip

**32204**

Country

**Duval**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/25/1995**

5. FEI Number

**59-3336005**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	BERRY, LOUIS	<del>4145 ENCHANTED OAK CIRCLE, UNIT</del> <b>2203 Park St.</b>	<del>KISSIMMEE FL 34741</del> <b>Jacksonville, FL 32204</b>
			<b>100002090571--6</b>
			<b>-02/18/97--01056--009</b>
			<b>****915.00 ****915.00</b>

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

**Louis A. Berry**

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

**2203 Park St.**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32204**

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

*Louis A. Berry*

REGISTERED AGENT MUST SIGN

Date

**2/5/97**

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:

*Louis A. Berry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louis A. Berry**

Date

**2/5/97**

**904-384-5640**

**32204**

Daytime Phone #

CR2040 (7/95)