

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN -4 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P96000032816

BERLIN PETROLEUM CORPORATION

2. Principal Office Address

2165 S. U.S. #1

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 644259

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

Zip

32962

Country

USA

Zip

32964

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0661669

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

B. ADAM BERLIN

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

2165 S. U.S. #1

Suite, Apt. #, Etc.

300004474743-1

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*****908.75 *****908.75

City

VERO BEACH

State

FL

Zip Code

32962

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

B. Adam Berlin

REGISTERED AGENT MUST SIGN

Date

6/1/01

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
PRES	B. ADAM BERLIN	2165 S. U.S. #1 VERO BEACH, FL 32962	→

REINSTATEMENT OK

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 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:

B. Adam Berlin B. ADAM BERLIN

6/1/01 (561)-713-4416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #