PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE Katherine Harris

APPROVEL AND

REINSTATEMENT				Secretary of State			FILED			
DOCUMENT # P9700004598							00 NOV 20 PM 2: 08			
New Berlin Plaza, Inc.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							†			
12302 Moose Road Jacksonville, Florida 32226										e ma
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 504-6 New Berlin Road 3. New Mailing Office Address, If Applicable 504-6 New Berlin Road								porated or Qualified	5/7/9	7
Suite, Apt. #, etc. Suite, Apt. #				. etc.				iness in Florida	J, 7, J	
City & State City &				ate			5. FEI Number 59-3453235			Applied For
Jacksonville, FL			<u>'</u>		Country		6.	S8.75 Additional Fee requi		Not Applicable Additional Fee required
^{Zip} 32218	18 Country USA		Zip				CERTIFICATE OF STATUS DESIRED L			
7. Names a	nd Street Add	tresses of Each Officer and	d/or Director (Flo	orida nonprofi		ions must list at lea				
Title(s)	e(s) Name of Officers and/or Directors			3 (Do	Offic	cer and/or Director Post Office Box N	г	4	City / State / Zip	
D Anthony D. Bodway				604-6 New Berlin Road			Jacksonville, FL 32218			
							-11/29/0001074002 ****900.20			
									91	
						REIN	STATE	MENI	top	\
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
Moss, Gene T. 337 East Bay Street Jacksonville, Florida 32202						Name Anthony D. Bodway Street Address (P.O. Box Number is Not Acceptable) 604-6 New Berlin Road Suite, Apt. #, Etc.				
						Jacksonvillle State Zio Code 32218				
to. I, being Signature of Registered A		registered agent of the ab	ove named corp 2. 23 IEGISTERED AC	Q	amiliar with	and accept the o	bligations of Sec	•	/17/00	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes								(Se	e other side t on intangit	or information ble tax.)
this reins owed by	statement app the corporati	fficer or director or the rece iication, the reason for dist on have been paid and the rue and accurate, and my s	solution has been names of individ	i eliminated, t Juais listed or	he corpor this form	ate name satisfies do not qualify for	the requirement an exemption ur	s of section 607.040	1 or 617.0401	, F.S., that all fees

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Anthony D. Bodway, Director

(9.04) 759-1591