

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 22 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000041598**

1. Corporation Name

New Berlin Plaza, Inc.

2. Principal Office Address

604-6 New Berlin Road

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32218

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/7/97

5. FEI Number

59-3453235

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

Anthony D. Bodway

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

604-6 New Berlin Road

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32218

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

Anthony D. Bodway
REGISTERED AGENT MUST SIGN

10/22/02

Date

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
D	Anthony D. Bodway	604-6 New Berlin Road	Jacksonville, FL 32218

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

Daytime Phone #

904-388-9800

js 10/24/02

SANDRA W. JOHNSON, P.A.

2110 Park Street
Jacksonville, Florida 32204

(904) 388-9800

(904) 388-0123/Fax

October 22, 2002

Secretary of State/Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: New Berlin Plaza, Inc.

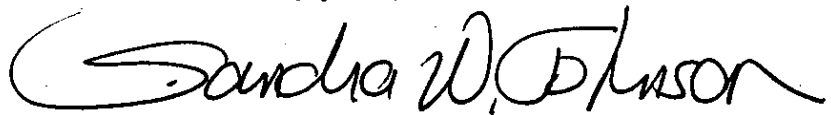
Dear Sir or Madam:

Enclosed for filing please find a Reinstatement form for the above referenced corporation along with a check in the amount of \$750.00 for your filing fee.

Please let me know if you have any questions. If not, please return the filed original to me as soon as possible.

Thank you for your assistance.

Very truly yours,



Sandra W. Johnson

SWJ: mw
Enclosures