

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**



4. FEI Number 65-0781679		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**


SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

TITLE	PS
NAME	BERNINZON, ROSSANNA
STREET ADDRESS	3900 GALT OCEAN DR #305
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

04/21/2007 00:07-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 954-801-3865