

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 DEC 10 PM 12: 22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102691

1. Corporation Name

Berman Law Firm, P.A.

2. Principal Office Address - No P.O. Box #

111 Second Avenue NE

3. Mailing Office Address

111 Second Avenue NE

Suite, Apt #, etc.

Suite 706

Suite, Apt #, etc.

Suite 706

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33701

Country

USA

Zip

33701

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

January 1, 1998

5. FEI Number

59-3480101

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

Craig L. Berman

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

111 Second Avenue NE

Suite, Apt. #, Etc

Suite 706

City

St. Petersburg

State

FL

Zip Code

33701

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.

See signature on the amendment.

Signature of
Registered Agent

Date 12/5/2019

REGISTERED AGENT MUST SIGN

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
P	Craig L. Berman	111 Second Avenue NE	St. Petersburg, Florida 33701
			DEC 17 2019
			D CUSHING

10. E-mail Address: craig@bermanlawpa.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/2019

Date

Daytime Phone #

727-550-8989

CRAIG L. BERMAN

BERMAN LAW FIRM, P.A.
PLAZA TOWER
111 SECOND AVENUE NE
SUITE 706
ST. PETERSBURG, FLORIDA 33701

TELEPHONE
(727) 550-8989

FACSIMILE
(727) 894-6251

December 5, 2019

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

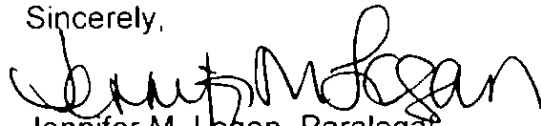
Re: **Reinstatement and Name Change**

Dear Sir/Madam:

Please find enclosed, a completed Corporate Reinstatement form with a check in the amount of \$1,800.00. In addition, also, please find enclosed, Articles of Amendment with a check in the amount of \$52.50 for the filing fee.

Please let us know if you have any questions.

Sincerely,


Jennifer M. Logan, Paralegal
to Craig L. Berman

JML/