## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
EQR.
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9800001554

SIGNATURE: MICHAEL OS BERNING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Corporation Name

MICHAEL WILLIAM BERNING, P.A.

APPROVED AND FILED

01 NOV -2 PM 4: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

10-12-01

Date

Daytime Phone #

D.1-1.1.1	(D.)	44 107 4 11			-				
Principal Place of Business Mailing Address					1	 	1 <b>89</b> 111 <b>88</b> 11	13 (1881 ALLE) BILLI ALBI IRRI	
	HOLLOW WAY		HOLLOW WAY						
OXFORD FL 34484 OXFORD FL			34484			IITEEL IID LEKEL IBIIL Oorl Beril Dêli		HI HINDI OHAN OHAK BÉDI İDDE	
J							N.	C =	
If above a	addresses are incorrect in any way, line thr	ough incorrect is	nformation and	enter correction below.		21 WIEMEN	@ U _(		
If above addresses are incorrect in any way, line through incorrect informa;  2. New Principal Office Address, If Applicable 3. New Mailing Offi				ess, If Applicable	Date Incorporated or Qualified				
912) CCENTHOURS MAY 912)			7 (EV7HD)	uos war	Business in Florida		/01/1 <del>99</del> 8		
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Nu	umber		Applied For	
City & State City & State					59-3483888		Not Applicable		
THE VICUACES FL THE \ Zia Country Zin		145 VI	MAGES IFC		6.		\$8.79	Additional Fee required	
3210		3210	2	Country	CERTIF	ICATE OF STATUS DESIRED		r a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit d	corporations must list at lea	ast 3 director	rs)			
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		4	City / State / Zip		
D BERNING, MICHAEL W			2/5/ GLEN	HOLLOW WAY		EXECUTE FLOHER -			
<del>-</del>						KANTON 1145	4 icc	1150 1 C -01.40C	
<u>D</u>	BERNING, ECIZABETH J. 2757 GG			(ENHORON	way	THEVILLA	(4 <u>7</u>	A 32162	
$\mathcal{D}$	DR. SAMESBERNING			3882 N.E. 6)TH TERREE SILVERSPRINGS, FL. 3248				5.FL 32000	
					8	30000463 -11/29/01		5180 959-003	
						*****750。	00	****750 <b>.</b> 00 _	
	8. Name and Address of Current	Registered Age	ent		Name and Address of New Registered Agent				
				Name					
	ING, MICHAEL W			Street Address (F	P.O. Box Nur	mber is Not Acceptable)			
	GLEN HOLLOW WAY								
OXFORD_FL 34484				Suite, Apt. #, Etc	· <del></del>	<del></del>		<del> </del>	
				City			State	Zip Code	
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am fam	niliar with and accept the o	bligations of	Section 607.0505, F.S.		·	
Signature o Registered	of Agent	GISTERED AS	36.30	GN			-12-9	<u> </u>	
this rein owed by	that I am an officer or director or the receinstatement application, the reason for dissoly the corporation have been paid and the papplication is true and accurate, and my significant or the papplication is true and accurate.	lution has been ames of individ	eliminated, the luals listed on t	e corporate name satisfies his form do not qualify for	the requireman exemption	nents of section 607.0401 or	617.040	)1, F.S., that all fees	