

APPLICATION FOR REINSTATEMENT



DIVISION OF CORPORATIONS

Secretary of State

1. Corporation Name

Corporation Name **BERGGREN SERVICES INC**

Principal Place of Business

Mailing Address

1610 COTTAGEWOOD DR
BRANDON, FL 33511

1610 COTTAGEWOOD DRIVE
BRANDON, FL 33510

REINSTATEMENT 1999

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 3/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3500640	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	MAYNARD A BERGGREN	1610 COTTAGEWOOD DRIVE	BRANDON, FL 33510
SEC + TREAS	CAROLYN JAN BERGGREN	1610 COTTAGEWOOD DRIVE	BRANDON, FL 33510
			200003103892--8 -01/20/00--01024--007 ***750.00 ***750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
MAYNARD A BERGGREN	Name	
1610 CORRAEWOOD DRIVE	Street Address (P.O. Box Number is Not Acceptable)	
BRANDON, FL 33510	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Waymond A. Bergman Date 12/27/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Maynard A. Bergeron 12/27/99 813-685-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #
MAYNARD A. BERGERON

CR2E081 (12/98)