## بالمواو

ÝĽEÁSE RE	EAD ALL INST	TRUCTIONS BEFORE	COMPLET	ING T	HIS FORM.	
CORPORATION REINSTATEMENT		DEPARTMENT OF STATE Katherine Harris Secretary of State rision of corporations	¥* • • •		FILED STATE	¢:
DOCUMENT # P 9 8 1. Corporation Name B.F. BERNTS		·				
				TAT	TEMENT_	99-01
City & State  PORT ORANGE F  Zip Country  32129-1091 VOWSIA	City & State  C. PORT  Zip  3 2/29	· · · · · · · · · · · · · · · · · · ·	4. Date incorp To Do Busi 5. FEI Numbe 59-6.	iness in FI	orida 1/13/91 184909	Applied For Not Applicable
Name  Name  BRYAN F. BERINTSEN  Street Address (P.O. Box Number is Not Acceptable)  SI E. BAYSHORE DRINE  Suite, Apt. #, Etc.						
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 BERNISEN  REGISTERED AGENT MUST SIGN  FL 32127  Date 5/1/0/						CR2E081 (9/100)
9. Names and Street Addresses of Each Off	icer and/or Director (Flo			l'		
Titles Name of Officers and/or Directors		Street Address of E Officer and/or Dire		City / State / Zip		
P BRYAN F BO	ERN13EN	51 E. BAYSHORE	= DR	PORT	O DENGE, FR.,	32127 5 021
			T.	<u>800</u>	<u>ජ්ජ්ජ්වීවේවීම්</u> -05/22/010117 ***1058.75 *	**1058.73. 25021 **1058.75
				<b>-</b>		AD
10. I certify that I am an officer or director or this reinstatement application, the reason owed by the corporation have been paid a on this application is true and accurate, an SIGNATURE:  SIGNATURE AND TYPES	for dissolution has been and the names of individual my signature shall he shall be	n eliminated, the corporate name satist luals listed on this form do not qualify t	fles the requirements for an exemption unde	of section	507.0401 or 617.0401 F.S.	that all fees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR