

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p style="text-align: center; font-size: 1.2em;">00 NOV 13 PM 7:12</p>																																	
<p>Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State</p>																																			
<p>1. Name and Mailing Address of Corporation: DOCUMENT # P98000010519</p> <p>BERLYN CORPORATION P.O. BOX 277928 MIRAMAR, FL 33027</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>10108 S.W. 13th. St. No. 207 City and State _____ Zip Code _____ PEMBROKE PINES, FL 33025</p>																																	
<p>4. Date Incorporated or Qualified To Do Business in Florida 01/30/1998</p>	<p>5. FEI Number 65-0810840</p>	<p>FEI Number Applied For _____</p> <p>FEI Number Not Applicable _____</p>	<p>6. \$8.75 Additional Fee required for a Certificate of Status</p> <p>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>																																
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>BIARRIETA, MADELYN</td> <td>15911 S.W. 143 AVE.</td> <td>MIAMI, FL 33177</td> </tr> <tr> <td>VPS</td> <td>BAEZ, BERNA</td> <td>15911 S.W. 143 AVE.</td> <td>MIAMI, FL 33177</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	BIARRIETA, MADELYN	15911 S.W. 143 AVE.	MIAMI, FL 33177	VPS	BAEZ, BERNA	15911 S.W. 143 AVE.	MIAMI, FL 33177																
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<p>REGISTERED AGENT INFORMATION</p> <p>8. Name and Address of Current Registered Agent</p> <p>BAEZ, BERNA 15911 S.W. 143 AV. MIAMI, FL 33177</p>		<p>9. If changed, new registered agent / office</p> <p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City _____ State FL. Zip _____</p>																																	
<p>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.</p> <p>Signature of Registered Agent: BAEZ, BERNA Date 11/07/00</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) AD</p>																																			
<p>13. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director: Date 11/07/00 Daytime Phone # 954-538-1615</p> <p>Typed or printed name of signing officer or director BAEZ, BERNA</p>																																			

CR20040 (8/92)

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Berlyn Corporation

P.O. Box 277928
Miramar, Fla. 33027

E-mail: berlyncorp@aol.com

Telephone (954) 538-1515
Fax (954) 538-1517

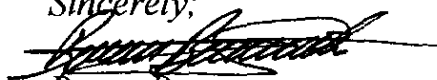
November 07, 2000

*Division of Corporations
Att: Reinstatement Dept.
P.O. Box 6327
Tallahassee, FL 32302*

To Whom It May Concern:

*Enclosed you will find a check for \$ 150.00 for the corporation annual fee of **Berlyn Corporation. Document # P98000010519**, this payment is for the 2000 Uniform Business Report. The reason in which I did not pay this fee on time is because I did not receive the Uniform Business Report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as full payment without other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.*

Sincerely;


Berna Baez

Place of Business:

*10108 SW 13th St., Apt. 207
Pembroke Pines, Fla. 33025*

Mailing Address:

*P.O. Box 277928
Miramar, Fla. 33027*