

**Reinstatement 1999-2002**  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 APR 22 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000026378

**1. Corporation Name**

Birch Road Investments, Inc.

**2. Principal Office Address**

125 North Birch Road

Suite, Apt. #, etc.

Suite 102

City & State

Fort Lauderdale, FL

Zip

33301

Country

Broward

**3. Mailing Office Address**

2 South University Dr.

Suite, Apt. #, etc.

Suite 215

City & State

Plantation, FL

Zip

33324

Country

Broward

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/20/98

**5. FEI Number**

65-0822144

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

Brian Lynn

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

2 South University Drive

Suite, Apt. # Etc.

Suite 215

City

Plantation

000005492970-8

-05/09/02--01002--014

\*\*\*1208.75 \*\*\*1208.75

**REINSTATEMENT 99-02**

**78**

State

FL

Zip Code

33324

**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

Brian Lynn

Date

4/12/02

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
D	Sylvia Berman	501-B Surf Avenue	Brooklyn, NY
D, P	Darren Goldberg	125 N. Birch Rd, #102	Ft Laud, FL 33301

**10. 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:**

Darren Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darren Goldberg, Pres

4/19/02

Date

954474-1111

Daytime Phone #

CR2E081 (9/99)