

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 4:50

DOCUMENT # *P98000036427*

1. Corporation Name *Bergstein Corporation*

800004649618--0
-10/23/01--01036--007
****908.75 ****908.75

2. Principal Office Address
5032 NW 24th Circle

Suite, Apt. #, etc.

City & State
Boca Raton FL

Zip *33431* Country *USA*

3. Mailing Office Address
5032 NW 24th Circle

Suite, Apt. #, etc.

City & State
Boca Raton FL

Zip *33431* Country

REINSTATEMENT *00-01*

4. Date Incorporated or Qualified
To Do Business in Florida *April 22 1998*

5. FEI Number *60195366*
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 *BERNARD BERGSTEIN*
Street Address (P.O. Box Number is Not Acceptable)
5032 NW 24th Circle
Suite, Apt. #, Etc.

City *Boca Raton*

State **FL** Zip Code *33431*

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

REGISTERED AGENT MUST SIGN

Date *08/01/07*

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 |
|------------------|--------------------------------------|---|----------------------------|
| <i>President</i> | <i>BERNARD BERGSTEIN</i> | <i>5032 NW 24th Circle</i> | <i>Boca Raton FL 33431</i> |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)