

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 DEC 13 PM 12:14

DOCUMENT # 98000040203

1. Corporation Name

CAROL BERMAN, INC.

**REINSTATEMENT** B

2. Principal Office Address

9200 PARK BLVD.

3. Mailing Office Address

9200 PARK BLVD.

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

Zip

33777

Country

PINELLAS

Zip

33777

Country

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/1998

5. FEI Number

59-3512400

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

CAROL BERMAN

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

9200 PARK BLVD.

Suite, Apt. #, Etc.

404

City

SEMINOLE

State  
FL

Zip Code

33777

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

Carol Berman

Date

12-10-01

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
P/T/S	CAROL BERMAN	9200 PARK BLVD. #404 SEMINOLE, FL.	SEMINOLE, FL 33777

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:

Carol Berman PRES/TREAS/SEC  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-01

Daytime Phone #

(127) 391-0803

CR22001 (9/00)