

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 # p98000040203

1. Corporation Name

CAROL BERMAN, INC.

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

REINSTATEMENT B

00-01

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 <input checked="" type="checkbox"/> \$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

30000473624-6
-12/24/01-01003-015
*****808.75 *****08.75

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
REGISTERED AGENT MUST SIGN

Date 12-10-01

CRS001 (9/00)

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

12-10-01 (727)391-0803

Date Daytime Phone #