

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000044113

1. Entity Name  
HOWARD BERMAN INTERIORS, INC.



Principal Place of Business  
3410 GALT OCEAN DRIVE  
SUITE 1201 N  
FORT LAUDERDALE, FL 33308

Mailing Address  
3410 GALT OCEAN DRIVE  
SUITE 1201 N  
FORT LAUDERDALE, FL 33308

FILED

05 OCT 11 PM 2:30



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072005

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

65-0920122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, HOWARD  
3410 GALT OCEAN DRIVE., 1201 N  
FT LAUDERDALE, FL 33308

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Howard Berman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-2-05

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
BERMAN, HOWARD L  
6874 NORTH POWERLINE ROAD  
FORT LAUDERDALE, FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900060453769  
10/11/05--01005--014 \*\*758.75

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Howard Berman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-05

Date

(954) 565-3370  
Daytime Phone #