

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 19 AM 9:57

KS

DOCUMENT # P99000075826

1. Corporation Name

BERLEGA, INC.

500162955735  
11/19/09--01002--021 \*\*1050.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

1800 NE 114 ST

Suite, Apt. #, etc.

Apt. 2308

City & State

Miami, FL

Zip

33181

Country

USA

3. Mailing Office Address

1800 NE 114 ST

Suite, Apt. #, etc.

Apt. 2308

City & State

Miami, FL

Zip

33181

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1999

5. FEI Number

650951999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Jaime Bermudez

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

1800 NE 114 ST

Suite, Apt. #, Etc.

Apt. 2308

City

Miami

State

FL

Zip Code

33181

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

Date 11/10/2009

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
DP	BERMUDEZ, JAIME	1800 NE 114 ST, #2308	Miami, FL 33181
DVPS	BERMUDEZ, MARIA EMMA	1800 NE 114 ST, #2308	Miami, FL 33181

10. E-mail Address: JAIBER573@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

JAIME BERMUDEZ - DP

11/10/2009

605.895.0488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-2009