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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000098112

Corporation Name

MARILYN A. BERGMAN-PEREZ, P.A.

FILED

01 NOV -5 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3001 LAWN AVE
TAMPA FL 33611

501 E KENNEDY BLVD. SUITE 1207
TAMPA FL 33602



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3601 W. JETTON AVE		3. New Mailing Office Address, If Applicable 3601 W. JETTON AVE		4. Date Incorporated or Qualified To Do Business in Florida 11/08/1999	
Suite, Apt. #, etc. TAMPA FLA		Suite, Apt. #, etc. 3601 W. JETTON AVE		5. FEI Number NOT-APPLICABLE	
City & State TAMPA FLA		City & State TAMPA FLA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33629	Country USA	Zip 33606	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BERGMAN-PEREZ, MARILYN	501 E KENNEDY BLVD. SUITE 1207 3601 W. JETTON AVE	TAMPA FL 33602 33629
			200004690072-6 -11/29/01--01042--004 ***150.00 ***150.00
			DIUBRIS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIERZWINSKI, GREGORY E 501 E KENNEDY BLVD, SUITE 1207 TAMPA FL 33602		Name GREGORY E. MERZWINSKI	
		Street Address (P.O. Box Number is Not Acceptable) 1 BAHAMA CIRCLE	
		Suite, Apt. #, Etc.	
		City TAMPA	State FL
		Zip Code 33606	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Greg E. Mierzynski* REGISTERED AGENT MUST SIGN Date: 10-31-01

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 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: *Marilyn Bergman-Perez PA* 10/31/01 813-253-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

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TO: DEPT OF STATE

FR: MARILYN A. BERGMAN - PEREZ, P.A.

RE: CORPORATE RE-INSTATEMENT

PLEASE RE-INSTATE MY
CORPORATION. I DID NOT RECEIVE
ANY NOTICE OF THE RE-INSTATEMENT
BEING DUE.

THANK YOU,

Marilyn Bergman - Perez