

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19697

1. Corporation Name

Bercon Corporation

2. Principal Office Address

7031 Grand National Drive

Suite, Apt. #, etc.

Suite 106-B

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

7031 Grand National Drive

Suite, Apt. #, etc.

Suite 106-B

City & State

Orlando, FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1990

5. FEI Number

59-3045569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-03

7. Name and Address of Current Registered Agent

Name

Gustavo D. Berman

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

7031 Grand National Drive

Suite, Apt. #, Etc.

Suite 106-B

City

Orlando

State

FL

Zip Code

32819

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02/26/03--01008--001 **1050.00

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

Gustavo D. Berman
REGISTERED AGENT MUST SIGN

Date

Feb, 21, 03

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
CDP	Gusatvo D. Berman	7031 Grand National Drive, 106-B	Orlando, FL 32819

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:

Gustavo D. Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb, 21, 03

Date

Daytime Phone #

2/27

CR2E081 (10/02)