PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S21554

1. Corporation Name

Berman Investment Corporation

P00022357334
08/15/03--01061--005 **1200.00

REINSTATEMENT   00-03

2. Principal Office Address	**3.** Mailing Office Address	
1800 K Street, NW	1800 K Street, NW	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite 1124	Suite 1124	

4. Date Incorporated or Qualified To Do Business in Florida   12/24/1990

City & State	City & State	
Washington, DC	Washington, DC	

5. FEI Number   52-1719004   ☐ Applied For   ☐ Not Applicable

Zip	Country	Zip	Country
20006	USA	20006	USA

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name   CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)   1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation	State FL	Zip Code 33324

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

Stacy M. Rosenthal
Vice President and
Assistant Secretary

REGISTERED AGENT

Date   7/28/2003

CR2E081 (10/02)

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/D	Wayne L. Berman	1800 K Street, NW, Suite 1124	Washington, DC 20006
S/T	Barbara J. Henry	1800 K Street, NW, Suite 1124	Washington, DC 20006

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: X _Wayne L. Bern_   July 21, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #