

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

05 JUL -6 AM 9:35

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **S36536**

1. Corporation Name

DONALD E. BERGER AND ASSOCIATES, INC

2. Principal Office Address

650 ELM TREE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

650 ELM TREE LANE

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON, FL

Zip

33486

Country

PAUM BEACH

Zip

33486

Country

PAUM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

3/03/1991

5. FEI Number

650246439

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

WOP

7. Name and Address of Current Registered Agent

Name

THOMAS A. BERGER

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

2586 FOREST HILL BLVD

Suite, Apt. #, Etc.

City

W. PALM BEACH

State

FL

Zip Code

33406

800057092358

07/06/05 01055 000 **450.00

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

Thomas A. Berger
REGISTERED AGENT MUST SIGN

Date **6/30/05**

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
PRES	DONALD E. BERGER	650 ELM TREE LANE	BOCA RATON FL 33486
ST	" " "	" " " "	" " " "
D	RICKI BERGER	" " " "	" " " "

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:

Donald E. Berger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05
Date

561-750-1229
Daytime Phone #

CR2001 (01/05)

DONALD E. BERGER & ASSOCIATES, INC.

2822

DONALD E. BERGER
PRESIDENT

June 30, 2005

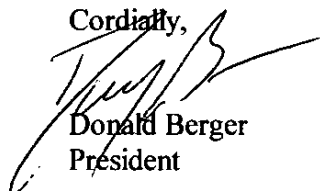
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed herewith please find my completed Corporation Reinstatement Form. I am also enclosing my check in the amount of \$450.00 as I was told the reinstatement fee was waived inasmuch as the notices was sent to the wrong address.

Thank you for your cooperation.

Cordially,



Donald Berger
President

DEB:eg



Member of
International Council
of Shopping Centers

EXECUTIVE OFFICES: 650 ELM TREE LANE • BOCA RATON, FLORIDA 33486

TELEPHONE: 561-750-1229 FAX: 561-395-0975