

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31001

1. Corporation Name

BERGhoff Picture Framing Inc

2. Principal Office Address

13972 Hillsborough Ave
Suite, Apt. #, etc.

3. Mailing Office Address

3126 BORDEAUX
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

FLORIDA CLEARWATER

Zip

33635

Country

USA

Zip

33759
~~33759~~

Country

USA

800034180458

04/27/04--01083--021 **300.00

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3119857

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Philip Berghoff

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

3126 BORDEAUX LANE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33759
33759

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

Philip Berghoff
REGISTERED AGENT MUST SIGN

Date

4/15/04

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
<u>Pres</u>	<u>Philip Berghoff</u>	<u>3126 BORDEAUX LANE</u>	<u>CLEARWATER FL 34619</u>

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:

Philip Berghoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/04

Daytime Phone #

813-854-2532

CR2E081 (01/04)