

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006389

1. Corporation Name

JOSEPH BERG, INC.

Principal Place of Business

991 CHELSEA AVENUE  
991 CHELSEA AVENUE  
SEBASTIAN FL 32958

Mailing Address

PO BOX 700590  
SEBASTIAN FL 32970



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/18/2002

5. FEI Number

04-3592052

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BERG, JOSEPH	991 CHELSEA AVENUE	SEBASTIAN FL 32958

000024188120

10/28/03--01013--008 \*\*150.00

8. Name and Address of Current Registered Agent

GARAVAGLIA, MICHAEL J ESQ.  
756 BEACHLAND BOULEVARD  
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03  
Date

772-388-0980  
Daytime Phone #

CR20040 (7/03)

Joseph Berg Inc  
FEI# 04-3592052

10-14-03

Please be advised that this corporation  
did not receive the two prior uniform  
business report notices due to a change  
of address from: PO box 780598  
Sebastian, FL 32978  
to: 991 Chelsea Ave  
Sebastian, FL 32958

Also, please note address correction  
on the application for reinstatement.

Thank you!

Joseph P. Berg

Joseph P. Berg  
772-388-0980