

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K20694
1. Corporation Name
HANS T. BERGGREN BLDG. INC

Principal Place of Business 2919 E. Commercial Blvd Ste A Ft. Lauderdale, FL
Mailing Address 2919 E. Commercial Blvd Ste A Ft. Lauderdale, FL 33308

REINSTATEMENT

92-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/89	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0002705	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	HANS T. BERGGREN	19 INDIAN FIELDS	GREENWICH, CT 06830

100002698651--2
-12/01/98--01034--011
***1650.00 ***1650.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <u>Allen H. Katz</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>2919 E. Commercial Blvd</u>	
		Suite, Apt. #, Etc. <u>Ste A</u>	
		City <u>Ft. Lauderdale</u> State <u>FL</u> Zip Code <u>33308</u>	
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.			
Signature of Registered Agent <u>Allen H. Katz</u>		Date <u>9-14-98</u>	
REGISTERED AGENT MUST SIGN			

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Hans T. Berggren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/17-98 Daytime Phone # 1-203-869-0879

CR20040 (1/98)