PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
02 NOV 12 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003250

1. Corporation Name

FORUM SERVICES GROUP INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~342 MADISON AVENUE~~<br>~~NEW YORK NY 10017~~ | ~~342 MADISON AVENUE~~<br>~~NEW YORK NY 10017~~ |

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

REINSTATEMENT 02

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc.: 260 MADISON AVE SUITE 200 | Suite, Apt. #, etc.: 260 MADISON AVE SUITE 200 |
| City & State: NEW YORK, N.Y. | City & State: NEW YORK, N.Y. |
| Zip: 10016 Country: | Zip: 10016 Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/2000

5. FEI Number: 13-4045566 ☐ 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| CDPT | FUSARO, FRANK G | ~~260~~ ~~342~~ MADISON AVENUE - SUITE 200 ~~260~~ | NEW YORK NY ~~10017~~ 10016 |
| ~~DVS~~ | ~~GOLDSTEIN, STEVEN~~ | ~~342 MADISON AVENUE~~ | ~~NEW YORK NY 10017~~ |
| | | | |
| | | 200008938732<br>11/12/02--01091--022 **750.00 | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

BLUMBEGEXCELSIOR CORPORATE SERVICES INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

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

CR2E040 (8/02)

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 REQUIRED Date: 10/29/02

REGISTERED AGENT MUST SIGN

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 REQUIRED 10/29/02

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