

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 DEC 13 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003618

1. Corporation Name

THE FORBES GROUP, INC.,

2. Principal Office Address

6112 N.W. 7 Ave

3. Mailing Office Address

P.O. Box 510189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33127

Country

Zip

33151

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

June 24<sup>th</sup> 1997

5. FEI Number

65-0756071

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

Dr. Philip B. Forbes

900003856509 -- 0

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

660 N.W. 81<sup>st</sup> Street

-03/16/01 -- 01094 -- 028

\*\*\*367.50 \*\*\*367.50

Suite, Apt. #, Etc.

318

REINSTATEMENT 96-10 178

City

Miami

State

FL

Zip Code

33150

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

REGISTERED AGENT MUST SIGN

Date DEC 11, 2000

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
P.	Dr. Philip B. Forbes	660 N.W. 81 <sup>st</sup> Street	Miami FL, 33150
VP.	Sherryl L. Forbes	660 N.W. 81 <sup>st</sup> Street	Miami FL, 33150
T.	Clifton D. Forbes	660 N.W. 81 <sup>st</sup> Street	Miami FL, 33150
Sec.	La-Nasio A. Forbes	660 N.W. 81 <sup>st</sup> Street	Miami FL, 33150
Dir.	Jehucal E. Forbes	660 N.W. 81 <sup>st</sup> Street	Miami FL, 33150
Dir.	Shrelmanasser L.K. Forbes	660 N.W. 81 <sup>st</sup> Street	Miami FL, 33150

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(5)(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:

DR. PHILIP B. FORBES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC. 11, 2000

Date

Daytime Phone #

CR2E081 (9/99)