

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 14 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003613

1. Corporation Name

FORKLIFT SALES & EXPORT, INC
9092 N.W. SOUTH RIVER DRIVE # 58
MEDLEY FLORIDA 33166

REINSTATEMENT 03

100023783121
10/14/03--01020--008 **150.00

2. Principal Office Address

9092 N.W. SOUTH RIVER DR

Suite, Apt. #, etc.

SUITE # 58

City & State

MEDLEY, FLORIDA

Zip

33166

Country

DADE

3. Mailing Office Address

9092 N.W. SOUTH RIVER DR

Suite, Apt. #, etc.

SUITE # 58

City & State

MEDLEY, FLORIDA

Zip

33166

Country

DADE

4. Date Incorporated or Qualified To Do Business in Florida

01/11/93

5. FEI Number

65-0384681

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

ORLANDO ROMERO

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

9092 N.W. SOUTH RIVER DRIVE

Suite, Apt. #, Etc.

SUITE # 58

City

MEDLEY

State

FL

Zip Code

33166

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 _____

Date _____

REGISTERED AGENT MUST SIGN

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	ORLANDO ROMERO	9092 N.W. SOUTH RIVER DRIVE # 58	MEDLEY, FLORIDA 33166

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

(305) 288-0768

Daytime Phone #

CR2E081 (10/02)

21 1115

**FORKLIFT SALES & EXPORT, INC
9092 N.W. SOUTH RIVER DRIVE
SUITE # 58
MEDLEY, FLORIDA 33166
305/888-0768**

**October 9, 2003
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327**

**REF: P93000003613
FORKLIFT SALES & EXPORT, INC
EIN # 65-0384681**

To whom it may concern:

Please be advised that I moved from my prior address: 7785 N.W. 52nd Street, Miami, Florida 33166.

I never received my renewal for annual report. I have been advised by my accountant that my corporation will be dissolved if I don't renew every year. Please check my record and you will note that I have always filed on time. Unfortunately since I did not receive the renewal form this year I completely forgot.

I called and advised the Division of my problem and I was advised to write a letter stating I had moved and had not received my renewal form. I am herewith enclosing \$ 150.00 and ask that reinstatement charges be waived this one time.

**If any other information is needed please let me know.
Thank you for your understanding,**

Sincerely,

Orlando Romero

