

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 20 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025593**

1. Corporation Name

**THE FORBES CO. OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

2017 13TH ST.  
ST. CLOUD FL 34769  
US

2017 13TH ST.  
ST. CLOUD FL 34769  
US

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

**REINSTATEMENT 03**

400023938394

10/20/03 - 01014 - 022 - \$750.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/28/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3036513

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPT	FORBES, PAUL	1405 SUGARBERRY LANE 1020 Megan Lynn Ct.	ST CLOUD FL 34772
DSV	FORBES, BEVERLY	1405 SUGARBERRY LANE 1020 Megan Lynn Ct.	ST CLOUD FL 34772

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WIND BROTHERS  
224 W. FLORIDA ST  
KISSIMMEE FL 34741~~

Name **BRIAN MARK PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**104 Church St**  
Suite, Apt. #, Etc.  
City **Kissimmee** State **FL** Zip Code **34741**

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

*Beverly Forbes*

REGISTERED AGENT MUST SIGN

Date

13 Oct 2003

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:

*Beverly Forbes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

4079571818

Daytime Phone #

CR2E040 (7/03)