

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

99 DEC 16 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000051876**

1. Corporation Name

**FÖRSTER ASSOCIATES, INC.**

Principal Place of Business

2610 PONCE DE LEON BLVD  
CORAL GABLES FL 33134  
US

Mailing Address

2610 PONCE DE LEON BLVD  
CORAL GABLES FL 33134  
US

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

**REINSTATEMENT** *99*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

**06/18/1996**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0677872**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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
D	KEENOY, JOHN J JR	224 OAK FOREST DR.	SMYRNA GA 30082
D	KEENOY, JOHN J III	2610 PONCE DE LEON BLVD	CORAL GABLES FL

100003082031--9  
-12/28/99--01060--005  
\*\*\*750.00 \*\*\*750.00

**LS**

8. Name and Address of Current Registered Agent

KEENOY, JOHN J. III  
2610 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

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

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**12-14-99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE** *John J. Keenoy III*

Date

**12/14/99**

Daytime Phone #

**305-444-4537**