

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG -6 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 638004

1. Corporation Name

Forester Distributing Company, Inc.

2. Principal Office Address - No P.O. Box #

3911 SW 47 Avenue

Suite, Apt. #, etc.

908B

City & State

Fort Lauderdale FL

Zip

33314

Country

USA

3. Mailing Office Address

3911 SW 47 Avenue

Suite, Apt. #, etc.

908B

City & State

Fort Lauderdale FL

Zip

33314

Country

USA

REINSTATEMENT 04-07

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1979

5. FEI Number

59-1949461

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

Kevin S. Forester

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

3911 SW 47 Avenue

Suite, Apt. #, Etc.

908B

City

Fort Lauderdale

State

FL

Zip Code

33314

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

8-2-07

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	Kevin S. Forester	3911 SW 47 Ave Ste 908B	Ft. Lauderdale FL 33314
STD	Margaret T. Forester	3911 SW 47 Ave Ste 908B	Ft. Lauderdale FL 33314

800107263238  
08/03/07--01051--004 \*\*1200.00

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 contained in Chapter 119, 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

president

Date

8-2-07

Daytime Phone #

954-397-7766