

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 21 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #847703

1. Corporation Name

Forrest Management Inc.

REINSTATEMENT 99-02

800008486998--3
-10/21/02--01089--003
***1208.75 ***1208.75

2. Principal Office Address

1108 E Newport Ctr. DR.

3. Mailing Office Address

1108 E Newport Ctr. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL.

City & State

Deerfield Beach, FL.

Zip

33442

Country

Broward

Zip

33442

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1980

5. FEI Number 592031420

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

Frank Mennella

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

1108 E. Newport Center Drive

Suite, Apt. #, Etc.

City

Deerfield Beach, FL.

State
FL

Zip Code
33442

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

Frank Mennella
Frank Mennella

REGISTERED AGENT MUST SIGN

Date

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
Pres.	Andrew M. Smith	1108 E Newport Ctr. Dr.	Deerfield Beach, FL. 33442
V. Pres.	Frank A. Mennella	1108 E Newport Ctr. Dr.	Deerfield Beach, FL. 33442
Sec.	Jamie S. Lyn	1108 E Newport Ctr. Dr.	Deerfield Beach, FL 33442

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(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:

Frank Mennella
Frank Mennella, Vice President 954-596-4880

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR25081 (9/01)

10/23/01