

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **G48496**

1. Corporation Name

FORBIS SYSTEMS INC.

Principal Place of Business

Mailing Address

1876 TRADE CENTER WAY
NAPLES FL ~~03942~~ **34109**

1876 TRADE CENTER WAY
NAPLES FL 34109

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34109

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1983

5. FEI Number

59-2303130

Applied For

Not Applicable

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	FORBIS, RICHARD J	1876 TRADE CENTER WAY	NAPLES FL 34109
DYPS	FORBIS, RONALD M.	1876 TRADE CENTER WAY	NAPLES FL 34109

200003460092--2
-11/13/00--01005--015
1500.00 **750.00

8. Name and Address of Current Registered Agent

FORBIS, RONALD M
1876 TRADE CENTER WAY
NAPLES FL 34109

9. Name and Address of New Registered Agent

Name **WANDERON, THOMAS**
Street Address (P.O. Box Number is Not Acceptable)
9915 TAMiami TRAIL N., SUITE 2
Suite, Apt. #, Etc.
City **NAPLES** State **FL** Zip Code **34108**

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

REGISTERED AGENT MUST SIGN

Date

10/23/2000

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

Date

Daytime Phone #

KE
10/23/00
941-597-7121