

H03000287594 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J-75868

1- Corporation Name

FORSYTH ENTERPRISES EAST, INC.

2- Principal Office Address

2075 S. Federal Highway

3- Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip
33316

Country

Zip

Country

REINSTATEMENT 0203

4- Date Incorporated or Qualified
To Do Business in Florida

5/29/87

5- FEI Number

592859688

Applied For
Not Applicable6- CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7- Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FLZip Code
32301

8- I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper

REGISTERED AGENT MUST SIGN ASST. V. PRES.

Date 9/30/03

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
STD	ALAN ALTMAN	520 SE 5 Avenue	Ft. Lauderdale, FL 33301
P	ERIC ALTMAN	800 Tropic Boulevard	Delray Beach, FL 33483

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)(b), 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 SIGNED OFFICER OR DIRECTOR

8/28/03

Date

954-445-6969

Daytime Phone #

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY /SAL
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 SEP 30 AM 4:11

RECEIVED

CORPORATION REINSTATEMENT

FORSYTH ENTERPRISES EAST, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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