

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

1. DOCUMENT # L02000015389

Name and Mailing Address

0014053 01. AT 0.292 **AUTO T1 0 0615 33914-681032

FORTE TECHNOLOGY GROUP, LLC

5232 SW 18TH AVE

CAPE CORAL FL 33914-6810

03 DEC -1 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
|--|--|--|--|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 06/19/2002 | |
| Principal Place of Business 5232 SW 18TH AVE CAPE CORAL FL 33914 | 3. New Principal Place of Business Address | 6. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City, State, Zip | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$5.00 Additional Fee required for a Certificate of Status |

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| HAMBRUCH, STEVEN E 5232 SW 18TH AVE CAPE CORAL FL 33914 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date 11-25-03

REGISTERED AGENT MUST SIGN

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|-----------------------------------|--|---------------------|
| P | Steven Hambruch | 5232 S.W. 18TH AVE CAPE CORAL FL 33914 | CAPE CORAL FL 33914 |
| 600025086406 12/01/03--01011--005 **150.00 | | | |
| REINSTATEMENT <u>2003</u> | | | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **SIGNATURE REQUIRED** Date 11-25-03 Daytime Phone # 239-541-2292

Typed or printed name of signing Managing Member/Manager