

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 MAR 27 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 204006036847

1. Limited Liability Company's Name

Forum Way, LLC

CR2E041 (12/07)

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

1601 Forum Place

Suite, Apt. #, etc.

3. Mailing Office Address

123 Cypress Trace

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

City & State

Royal Palm Beach, FL

Zip

33411

Country

Palm Beach

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/21/04

6. FEI Number

90-0172902

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

R. Bruce Clithero

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

123 Cypress trace

Suite, Apt. #, Etc.

Royal Palm Beach

City

State

FL

Zip Code

33411

☒ A \$100 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 \$100  
reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres. Treas.	R. Bruce Clithero	123 Cypress Trace	Royal Palm Beach, FL 33411
Sect.	Salvatore L. Sgroi	141 Fernwood Crescent	Royal Palm Beach, FL 33411

REINSTATEMENT

US-08

800120859758  
03/20/08--01050--011 \*\*560.00

11. 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

R. Bruce Clithero

Date

3/19/08

Daytime Phone #

561-351-6164

Typed or printed name of signing Managing Member/Manager

R. Bruce Clithero