

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 27 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04006036847**

1. Limited Liability Company's Name
Forum Way, LLC

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		City & State Royal Palm Beach, FL	
Zip 33401	Country Palm Beach	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 <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
FL

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 _____ Date _____

REGISTERED AGENT MUST SIGN

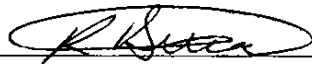
10. Names and Street Addresses of Managing Members/Managers

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 05-08

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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  Date **3/19/08** Daytime Phone # **561-351-6164**

Typed or printed name of signing Managing Member/Manager **R. Bruce Clithero**