


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000061676	
1. Entity Name FORTE LLC	

FILED

2005 OCT 17 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/07/05 90057 043 \$50.00
10132005 REIN-LLC CR2E101 (6/04)

Principal Place of Business 2140 W FLAGLER ST SUITE 109 MIAMI, FL 33135		Mailing Address 2140 W FLAGLER ST SUITE 109 MIAMI, FL 33135	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GOMEZ, TANIA 90 ALTON RD 1609 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name <u>RALPH A. Gonzalez</u> Street Address (P.O. Box Number is Not Acceptable) <u>297 N. Coconut W.</u> City <u>Mia Bch.</u> FL Zip Code <u>33139</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. *old* *new*

SIGNATURE Tania Gomez (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, ERNESTO 297 N. COCONUT LANE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RALPH A. Gonzalez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 297 N. Coconut W. Mia Bch., FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, TANIA 90 ALTON RD UNIT 1609 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 10/13/05 786 286 9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #