PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 09 JUL -7 AM 11: 59 REINSTATEMENT DIVISION OF CORPORATIONS L04000092277 DOCUMENT # 1. Limited Liability Company's Name The Forster Group, LLC + 900158229369 07/07/09--01064--012 **693.75 CR2E041 (10/08) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 468 3rd Ave N 468 3rd Ave N 4. State/Country of Formation Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 12/20/2004 City & State City & State 6. FEI Number Naples FL Naples FL 20-2027838 Zip Country Zip Country \$5.00 Additional Fee required 34102 USA 34102 USA CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent ☑ A \$100 reinstatement fee is imposed, except R. Douglas Forster in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 468 3rd Ave N box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. City Zip Code Naples 34102 am familiar with and accept the obligations of Chapter 608, F.S. Signature of Date USA Registered Agent 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip Doug Forster 99 Waterloo St St. Mary's Ontario Canada NOV 2V0 MGR **MGRM** Claudia Forster 99 Waterloo St St. Mary's Ontario Canada NOV 2V0 489 Kingbird Court London Ontario Canada N5X 4H6 **MGRM** Tyrone Forster **MGRM** London Ontario Canada N5Y 5A8 **Kurtis Forster** 12 Corinth Court

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 filling 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.

Managing Member/Manager

Tischa Battram

MGMR

Typed or printed name of signing Managing Member/Manager R. Douglas Forster

RR4 Woodstock

09 Daytime Phone # <u>579-284-217</u>

Woodstock Ontario Canada N4S 7¥

Applied For

Not Applicable