

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -8 PM 1:01

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

FORE INVESTMENTS, LLC.

300138695543
12/08/08--01063--006 **516.25 ✓

CR2E041 (10/08)

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

130 CLOWSON COURT

Suite, Apt. #, etc.

3. Mailing Office Address

130 CLOWSON COURT

Suite, Apt. #, etc.

City & State

OCOE 34761

City & State

OCOE

Zip

34761

Country

ORANGE

Zip

34761

Country

ORANGE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida OCTOBER 12, 2005

6. FEI Number

20-3836299

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

LOU FORGES

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

130 CLOWSON COURT

Suite, Apt. #, Etc.

City

OCOE

State

FL

Zip Code

34761

☐ 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 **NOVEMBER 21, 2008**

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
MGR	MICHAEL J. REYNOLDS	80 NEWTON AVENUE	BRAINTREE, MA 02184

REINSTATEMENT

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

11-29-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MICHAEL J. REYNOLDS