

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2008 JAN 16 PM 4:14


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/15/08--01037--007 **183.75

REINSTATEMENT

06-08

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004164

1. Corporation Name
FORUM RECREATION CENTER, INC

2. Principal Office Address - No P.O. Box # 1398 NE 191 St. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State North Miami Beach, FL		City & State	
Zip 33179	Country USA	Zip	Country

7. Name and Address of Current Registered Agent

Name
Javier Rosasco

Street Address (P.O. Box Number is Not Acceptable)
18900 NE 14 Ave. #202

Suite, Apt. #, Etc.

City
North Miami Beach, FL

State
FL

Zip Code
33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____

REGISTERED AGENT MUST SIGN

Date 1/13/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Javier Rosasco	18900 NE 14 Ave, #202	North Miami Beach, FL, 33179
V	Jim Metts	5861 NW 38 St.	Miami Springs, FL 33160
T	Sara Rosado	1398 NE 191 St., #201	North Miami Beach, FL, 33179
S	Darlene Swaffar	1518 N. 59 Terr	Hollywood, FL 33021-4549
D	Roberto Tobon	1304 NE 191 St. #130	North Miami Beach, FL, 33179
D	Chantal Lepage	1350 NE 191 St. #202	North Miami Beach, FL, 33179

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/13/08

Daytime Phone #

111820

By 252

Forum Recreation Center Inc.
Document # N97000004164
Reinstatement Application – January 2008

Title	Name	Street Address	City, State and Zip Code
D	Moises Hernandez	1350 NE 191 St. #102	North Miami Beach, FL 33179
D	Gretha Brana	1398 NE 191 St. #107	North Miami Beach, FL 33179
D	Judy Flaten	5861 NW 38 ST.	Miami Springs, FL, 33160