

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED,
AND
FILED

07 MAY 31 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSK

REINSTATEMENT 05-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000050558

1. Corporation Name

FORREST HILL STORES INC

2. Principal Office Address - No P.O. Box #
31446 cr42

3. Mailing Office Address
31446 CR42

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELAND, FL

City & State
DELAND, FL

Zip
32720

Country
LAKE

Zip
32720

Country
LAKE

4. Date Incorporated or Qualified
To Do Business in Florida **05/17/2000**

5. FEEL Number
593642345

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANJUMAN AHMED

Street Address (P.O. Box Number is Not Acceptable)
31446, CR42

Suite, Apt. #, Etc.

City
DELAND

State
FL

Zip Code
32720

☒ The 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 reinstatement
fee be waived.

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 **Anjuman Ahmed**

Date **05/29/07**

REGISTERED AGENT MUST SIGN

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
PRES.	ANJUMAN AHMED	31446, CR42	DELAND, FL 32720

200103907998
06/05/07--01033--005 **450.00

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:

Anjuman Ahmed

ANJUMAN AHMED

Date

Daytime Phone #

05/29/07 3526697143