

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 16 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013535

1. Corporation Name

Force Financial Services, Inc

2. Principal Office Address

9010 SW 137 Ave

Suite, Apt. #, etc.

Ste 221

City & State

Mia, Fla

Zip

33186

Country

USA

3. Mailing Office Address

9010 SW 137 Ave

Suite, Apt. #, etc.

Ste 221

City & State

Mia, Fla

Zip

33186

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/2001

5. FEI Number

651074533

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

Maria E. Williams

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

13282 SW 146 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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

Maria E. Williams

Date

12/15/03

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
PS	Gordon C. Williams	13282 SW 146 St	Mia, Fla 33186
VP	Gordon C. Williams	13282 SW 146 St	Mia, Fla 33186
Dir.	Maria E. Williams	13282 SW 146 St	Mia, Fla 33186

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 under section 119.07(3)(i), 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:

Maria E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/03

Date

(305) 992-8861

Daytime Phone #