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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000102696

1. Corporation Name

Forbes Masonary Construction Inc

2. Principal Office Address

3998 N.W. 45 Ave

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33319

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 21 AM 8:00

03

4. Date Incorporated or Qualified
To Do Business in Florida

10-23-2001

5. FEI Number

651148763

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

ERROL Williams

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

3998 N.W. 45 Ave

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33319

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-20-03

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
D	ERROL Williams	3998 NW 45 Ave	Lauderdale Lakes FL 33319

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:

[Signature]

ERROL Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03 954-672-0885

Date

Daytime Phone #

CR2E081 (10/02)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE RECORDS

P.O. Box 6327
Tallahassee, Florida 3214

November 17, 2003

Forbes Masonry Construction Inc.
3998 N.W. 45th Avenue
Lauderdale Lakes, FL 33319

Ref. Number P01000102696

Dear Sir or Madame,

Good day to you. Due to the fact that I have moved from my old address at 991 N.E. 157th Terrace North Miami Beach, FL 33162. I did not get the renewal form to renew the corporations and this is the reason for this problem at this time. I am very sorry for what has happen.

Sincerely,
Errol Williams

Signature

