

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000058827

**FILED**  
**Sep 18, 2006**  
**Secretary of State**

**Entity Name:** C.G. FORTE, INC.

**Current Principal Place of Business:**

785 WINDERMERE WAY  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

785 WINDERMERE WAY  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 30-0092590      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORGAN, SHERI  
636 US HWY. 1, STE. 301  
NORTH PALM BEACH, FL 33408      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHERI MORGAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FORTE, COLIN G  
Address: 5976 WHIRLAWAY RD.  
City-St-Zip: PALM BEACH GARDENS, FL 334187738

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: FORTE, SONYA K  
Address: 5976 WHIRLAWAY ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN G FORTE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

09/18/2006

\_\_\_\_\_  
Date