

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 13 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000049439

1. Corporation Name

Forming Innovations Inc.

2. Principal Office Address

14354 SW 114 Terr

Suite, Apt. #, etc.

3. Mailing Office Address

14354 SW 114 Terr

Suite, Apt. #, etc.

City & State

Miami, FI

City & State

Miami, FI

Zip

33186

Country

Dade

Zip

33186

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/2003

5. FEI Number

42-1592450

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

Abel H. Echenique

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

14354 SW 114 Terr

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33186

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

Abel H. Echenique

Date

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
P	Abel H Echenique	14354 SW 114 Terr	Miami, FI 33186
VP	Efrain II Perez Teran	5407 SW 131 Ct.	Miami, FI 33175

600060720646
10/18/05--01051--023 **300.00

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 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:

Abel H. Echenique

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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FORMING INNOVATIONS INC.

October 11, 2005

To whom it may concern,

Please waive the penalty fees in the amount of six hundred and 00 dollars (\$600.00) as we never received the annual reports for 2004 and 2005. Thank you for your attention in this matter.

Sincerely,

Abel Echenique
President