2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000126602

Entity Name: M. R. FOREST TECHNOLOGIES, INC

FILED Oct 09, 2005 Secretary of State

Littly Name: W. R. FOREST FEOTINOLOGIES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11511 SW MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
11511 SW MIAMI, FL					
FEI Number:	20-1606197	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
HAINES, H 11511 SW MIAMI, FL	127TH ST	S			
	named enti e of Florida.	ty submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: HAROI	LD G. HAINES			
	Electi	onic Signature of Registered Age	ent	Date	
Election Can	npaign Finand	eing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD HAINES, HA 11511 SW 1 MIAMI, FL 3	27TH ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO HAINES, HA 11511 SW 1 MIAMI, FL 3	27TH ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S HAINES, PA 11511 SW 1 MIAMI, FL 3	27TH ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	(X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HAROLD G. HAINES PRES 10/09/2005

VAN DE CASTÉLLE, RUSSELL

3701 FAU BLVD - STE 210

BOCA RATON, FL 33431

Name:

Address:

City-St-Zip: