


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000155910		
1. Entity Name FORUM, S.P. CORP.		

Principal Place of Business 2254 SW 6 ST MIAMI, FL 33135	Mailing Address 2254 SW 6 ST MIAMI, FL 33135
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2. Principal Place of Business - No P.O. Box # 8357 W. FLAGLER ST.		3. Mailing Address	
Suite, Apt. #, etc. 225		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State	
Zip 33144	Country	Zip	Country

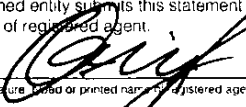
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07 DEC 10 PM 12:11
CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

6. Name and Address of Current Registered Agent RIVAS, RUBEN O 2254 SW 6 ST MIAMI, FL 33135		7. Name and Address of New Registered Agent Name RIVAS, RUBEN O. Street Address (P.O. Box Number is not acceptable) 8357 W. FLAGLER ST. #225 City MIAMI FL Zip Code 33144	
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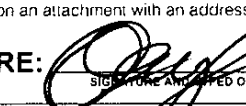
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD RIVAS, RUBEN O 2254 SW 6 ST MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD RIVAS, RUBEN O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8357 W. FLAGLER ST. #225 MIAMI, FL. 33144 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like, empowered.

SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone #: _____

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