

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000068932

1. Entity Name
FOREMAN INDUSTRIES INC.



FILED

08 DEC 30 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8630 NW 52ND STREET
LAUDERHILL, FL 33351

Mailing Address
8630 NW 52ND STREET
LAUDERHILL, FL 33351

2. Principal Place of Business - No P.O. Box #
10766 NW 20th St

3. Mailing Address
Same



10202008 - REIN-P

CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunrise FL

City & State

4. FEI Number
51-0640071

Applied For
Not Applicable

Zip
33322 Country
U.S.

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIECO, ANTHONY
8630 NW 52ND ST
LAUDERHILL, FL 33351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12-22-08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S.; the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GRIECO, ANTHONY
8630 NW 52ND ST
LAUDERHILL, FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GRIECO, MICHELE
8630 NW 52ND ST
LAUDERHILL, FL 33351 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300139334913
12/30/08--01008--012 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-08

Date

Daytime Phone #

954
60436676