2008 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P07000068932						-11 EN				
1. Entity Name FOREMAN INDUSTRIES INC.					FILED					
FUREMA	IN INDUSTRIES INC.				<u>-</u>					
`			1		08 DEC 30 PM 2: 58					
Principat Plac		Mailing Address	failing Address			A LARY OF STATE				
8630 NW 52ND STREET Lauderhill, Fl. 33351		8630 NW 52ND STREET Lauderhill, Fl. 33351			SEUNCIARY OF STATE TALLAHASSEE, FLORIDA					
CHUDEKHILL	, r. 33331	DAUDERHILL, FL 3333	WDERHILL, FL 33331			I MANUALI DE ADIO DANI BANG ADIO DELLE ADIO BIODI GRID INICI DINCO DELLE MINICI				
9 Principal E	race of Business - No P.O. Box #.1									
2. Philicipal P	Tule Nu a lost	3. Mailing Address	Sa N &			 	BEND DILBI IDNO IDN	48 # 010		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10202008	- REIN-P	CR2E098	(1/07)		
City & Stat	Α	City & State	City & State						lied For	
Sunrise Fl		Only de Ordito			4. FEI Numb	5640071			Applicable	
Zip Country		Ζıp	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			ional		
	6. Name and Address of Current R	egistered Agent	tered Agent			7. Name and Address of New Registered Agent				
GRIECO, ANTHONY					Name					
8630 NW 5	52ND ST	Street Address (P.O. Box Number is Not Acceptable)								
LAUDERHILL, FL 33351									• • • •	
				City E Zip Code						
O The shave	· · · · · · · · · · · · · · · · · · ·	1	FL							
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.										
CIONATURE () De la companya de la co										
SIGNATURE Signature, typed or printed name of registered agent and title if displicable (NOTE; Registered Agent signature required when reinstating) PATE										
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00						In accordance wi corporation did n	th s. 607.193 ot receive the	(2)(b); F. : prior no	.Sr, the tice.	
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NAME	GRIECO, ANTHONY		NAM					o nango		
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NAME	GRIECO MICHELE	A Delete	NAM		12/30	001393 0/0801008-	012 🔻	#150.0	Addition	
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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 E changed, or on an attachment with an address, with all other like empowered.								ck 10 or Bl	lock 11 if	
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SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: _