2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# P08000090703

Entity Name: FORESTERIA INC., INC.

Current Principal Place of Business:

917 FORESTERIA DRIVE
LAKE PARK, FL 33403 US

New Principal Place of Business:

915 FORESTERIA DRIVE
LAKE PARK, FL 33403 US

Current Mailing Address:

917 FORESTERIA DRIVE
LAKE PARK, FL 33403 US

New Mailing Address:

915 FORESTERIA DRIVE
LAKE PARK, FL 33403 US

FEI Number: 26-3433257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUCKWORTH, MARCIA
917 FORESTERIA DRIVE
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

DUCKWORTH, MARCIA
915 FORESTERIA DRIVE
LAKE PARK, FL 33403 US

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.

SIGNATURE: MARCIA DUCKWORTH 09/30/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DUCKWORTH, MARCIA
Address: 915 FORESTERIA DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

Title: S ( ) Delete
Name: HODGES, RENEE
Address: 917 FORESTERIA DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

Title: D ( ) Delete
Name: DUCKWORTH, MARCIA
Address: 917 FORESTERIA DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HODGES, RENEE
Address: 915 FORESTERIA DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

Title: D (X) Change ( ) Addition
Name: DUCKWORTH, MARCIA
Address: 915 FORESTERIA DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MARCIA DUCKWORTH OWNE 09/30/2009
Electronic Signature of Signing Officer or Director Date