PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 JAN 24 AM 9:09

CR2E081 (11/10)

DOCUMENT # P08000101742

1. Corporation Name
Force management Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1440 Coral Ridge Dr	1440 Coral Ridge Dr
Suite, Apt. #, etc.: #276	Suite, Apt. #, etc.: #276
City & State: Coral Springs FL	City & State: Coral Springs, FL
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/08

5. FEI Number: 26-3723673 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: YES — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Anthony Bobledo
Street Address (P.O. Box Number is Not Acceptable): 3901 NW 79th Avenue
Suite, Apt. #, etc.: #104
City: Doral State: FL Zip Code: 33166

700293237177
01/24/17--01004--006 **150.00

700293237177
12/13/16--01016--027 **1350.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: An Thony Bobledo — Date: 12-8-16
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/D	Gina Rossi	701 NW 126th Ave	Coral Springs, FL 33071
		REINSTATEMENT	
		JAN 25 2017	2012-2017
		I ALBRITTON	

10. E-mail Address: ginarossi.asi@gmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Gina Rossi — 12/8/16 — 3053899448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #