

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041912**

1. Corporation Name

FORUM EIGHTY-EIGHT, INC.

FILED

97 JAN 21 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2331 COUNTRY OAK LANE
LAKE PARK FL 33410

2331 COUNTRY OAK LANE
LAKE PARK FL 33410



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4726 Okeechobee Blvd

3. New Mailing Office Address, If Applicable

4726 Okeechobee Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33417

Country

USA

Zip

33417

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1995

5. FEI Number

65-0583799

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D, P	PRIESS, PETER	2331 COUNTRY OAK LANE 4726 Okeechobee Blvd	LAKE PARK FL 33410 West Palm Beach, FL 33417
VP, T, S	Caroline Bredée	4726 Okeechobee Blvd	West Palm Beach, FL 33417
			600002065746--0 -01/23/97--01026--007 ***915.00 ***915.00
			1/15/97

8. Name and Address of Current Registered Agent

**PRIESS, PETER
2331 COUNTRY OAK LANE
LAKE PARK FL 33410**

9. Name and Address of New Registered Agent

Name

Peter Priess

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

4726 Okeechobee Blvd.

Suite, Apt. #, Etc.

Okeechobee

City

West Palm Beach

State

FL

Zip Code

33417

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Priess

REGISTERED AGENT MUST SIGN

Date

1/15/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Priess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

(561) 478-1451

Daytime Phone #

CR2E040 (7/96)