

APPLICATION  
FOR  
REINSTATEMENT



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 31 PM 1:46

4mtn  
10/31

1. Corporation Name  
**FORUM CAPITAL, INC.**

**Principal Place of Business**  
**1815 FORUM PLACE STE 4B**  
**WEST PALM BEACH FL 33401**

Mailing Address  
1615 FORUM PLACE STE 1B  
WEST PALM BEACH FL 33401



# DECLARATION STATEMENT 97

2. New Principal Office Address, If Applicable  
929 CLINT MOORE RD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
924 CLINT MOORE RD.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 06/14/1996

City & State **BOCA RATON, FL.**  
Zip **33487** Country

City & State BOCA RATON, FL  
Zip 33487 Country

5. FEI Number	Applied For
105-068-0302	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	RICHARD WOOD	929 CLINT MOORE RD	Boca Raton, FL 33487
P	PETER BARONOFF	929 CLINT MOORE RD.	BOCA RATON, FL 33487
S	HOWARD B. KOSLOW	929 CLINT MOORE RD.	BOCA RATON, FL 33487

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\*\*\*\*750.00 \*\*\*\*750.00

**8. Name and Address of Current Registered Agent**

STRAVERS, JOE H  
1815 FORUM PLACE STE 1B  
WEST PALM BEACH FL 33401

**9. Name and Address of New Registered Agent**

Name JOE H. STRAVENS  
Street Address (P.O. Box Number is Not Acceptable)  
929 CLINT MOORE RD  
Suite, Apt. #, Etc. \_\_\_\_\_

City BOCA RATON	State FL	Zip Code 33487
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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

Date 7/6/2014

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #

CPA2E040 (8/97)