

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P9600099574

1. Corporation Name

FOR-MAN, INC.

2. Principal Office Address 1537 SW Silver Lane	3. Mailing Office Address SW Silver PO Box 8149		
Suite, Apt. #, etc. L104-S	Suite, Apt. #, etc.		
City & State Port St Lucie FL	City & State Port St Lucie FL		
Zip 34953	Country St Lucie	Zip 34985	Country St Lucie
<p>4. Date Incorporated or Qualified To Do Business in Florida December 6, 1996</p> <p>5. FEI Number 65-0750133</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>			

REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name Marc J. Fortin, Sr	700004884257-2
Street Address (P.O. Box Number is Not Acceptable) 1537 SW Silver Lane	-02/07/02-01006-003 ***1350.00 ***1350.00
Suite, Apt. #, Etc.	
City Port St Lucie	State FL Zip Code 34953

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

REGISTERED AGENT MUST SIGN

Date

1/16/02

CR2E081 (9/01)

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/D	Marc J. Fortin, Sr	1537 SW Silver Lane	Port St Lucie FL 34953
S/T/D	Donna J. Fortin	1537 SW Silver Lane	Port St Lucie FL 34953

1/16/02

10. 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

1-16-02

Date

561/340-3153

Daytime Phone #