

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 JAN 18 PM 1:26

DOCUMENT # P9600099574

1. Corporation Name

FOR-MAN, INC.

2. Principal Office Address

1537 SW Silver Lane

3. Mailing Office Address

~~XXXX~~ PO Box 8149

Suite, Apt. #, etc.

1537

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

REINSTATEMENT 98-02

4. Date Incorporated or Qualified

To Do Business in Florida
December 6, 1996

5. FEI Number

65-0750133

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marc J. Fortin, Sr

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

1537 SW Silver Lane

Suite, Apt. #, Etc.

City

Port St Lucie

State
FL

Zip Code

34953

700004884257-2

-02/07/02--01006--03

***1350.00 ***1350.00

CR2E081 (9/01)

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**

Marc J. Fortin, Sr

REGISTERED AGENT MUST SIGN

Date 1/16/02

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:

Marc J. Fortin, Sr
Marc J. Fortin, Sr

1-16-02

Date

561/340-3153

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR