

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

98 NOV 23 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000075268

1. Corporation Name

FORKINDER, INC.

Principal Place of Business

Mailing Address

13560 49ST NORTH STE 1  
CLEARWATER FL 34622

13560 49ST NORTH STE 1  
CLEARWATER FL 34622

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

2. New Principal Office Address, if Applicable  
13560 49th St. NO.

3. New Mailing Office Address, if Applicable  
13560 49th St. NO.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33762 US

33762 US

5. FEI Number

Applied For

59-3464887

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
D	FORTUNATO, VINCENT	13560 49ST NORTH STE 1	CLEARWATER FL 34622
D	BROCHETTI, GARY	13560 49ST NORTH STE 1	CLEARWATER FL 34622
D	DODARO, MICHAEL	13560 49ST NORTH STE 1	CLEARWATER FL 34622

500002701745-3  
-12/03/98-01065-002  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEBERT, JAY  
13560 49ST NORTH STE 1C  
CLEARWATER FL 34622

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

**SIGNATURE REQUIRED**

Date

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 REQUIRED**  
MICHAEL DODARO

Date

Daytime Phone #

11/18/98 727-573-2622

CR2E040 (9/98)

FORKINDER, INC.  
13560 49th Street North, Suite 1  
Clearwater, FL 33762

November 19, 1998

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

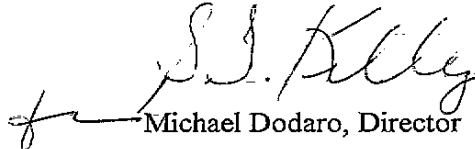
Re: Forkinder, Inc.

Dear Sir/Madam:

Enclosed please find our check in the amount of \$150.00, in payment of the annual fees for the above corporation, along with the annual form. Please note on the Application for Reinstatement the change in FEIN and address. The previous notices did not reach our attention and pursuant to a telephone conference with your office, we are requesting a waiver of the additional fees.

If you have additional questions, please do not hesitate to contact me.

Very truly yours,

  
Michael Dodaro, Director

stk