SEP-05-00 02:07PM FROM- T-249 P.02/02 F-575

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -5 PM 12:35

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000076750

REINSTATEMENT 98-00

1. Corporation Name

FORTE PLASTICS, INC.

2. Principal Office Address	3. Mailing Office Address
3551 Gordon Drive	One S. E. Third Avenue
Suite, Apt. # etc	Suite, Apt. # etc
	28th Floor
City & State	City & State
Naples, Florida	Miami, Florida 33131
Zip: 34102 Country:	Zip: 33131 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 09/04/97

5. FEI Number: 65-0796091 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Avenue

Suite, Apt. #, Etc: 28th Floor

City: Miami State: FL Zip Code: 33131

8. Having 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: AMERICAN INFORMATION SERVICES, INC. By: [signature] Date: 9/01/00

REGISTERED AGENT MUST SIGN Astrid Buttari, Asst. Secy.

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
D/P/T/S	DIXON, JOHN	3551 Gordon Drive	Naples, Florida 34102

$99.75

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] 09/01/00 (941) 404-1699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John Dixon, President — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From: ASTRID BUTTARI, Legal Assistant
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

FORTE PLASTICS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00