PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 APR -6 AM 8:11

DOCUMENT # P97000084893

1. Corporation Name

FORSITE MANAGEMENT INC.

4931 S.E. ANCHOR AVE.

REINSTATEMENT 08-09KS
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
~~6531 SE FEDERAL HWY #202~~	~~6531 SE FEDERAL HWY #202~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FLORIDA	City & State: STUART, FLORIDA
Zip: 34997 Country: USA	Zip: 34997 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/30/1997

5. FEI Number: 65-0786937 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: GRUDOVICH, GREGORY J.

Street Address (P.O. Box Number is Not Acceptable): ~~6531 SE FEDERAL HWY #202~~ 4931 S.E. ANCHOR AVE.

Suite, Apt. #, Etc.

City: STUART State: FL Zip Code: 34997

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 3/20/09

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	GREGORY GRUDOVICH	~~6531 SE FEDERAL HWY, H202~~	STUART, FL 34997
		4931 S.E. ANCHOR AVE.	
			100147544841 04/06/09--01045--030 **150.00
			100147544841 03/26/09--01020--032 **150.00

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 contained in Chapter 119, 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.

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SIGNATURE: _____ PRESIDENT 3/20/09 607-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #