

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 19 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016384

1. Corporation Name

Black Forrest Tuning, Inc.

2. Principal Office Address

3336 Boise Way

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33026

Country

US

3. Mailing Office Address

3336 Boise Way

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33026

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/19/1998

5. FEI Number

593495722

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

Fondriest, William

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

3336 Boise Way

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33026

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

William Fondriest

REGISTERED AGENT MUST SIGN

Date 08/14/2002

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	William Fondriest	3336 Boise Way	Cooper City, FL 33126

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:

William Fondriest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Fondriest

8/14/2002 954-433-4260

Date

Daytime Phone #

CR2E081 (9/01)