

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

85 1 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN 16 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053608

1. Corporation Name

Foreman Motors, Inc.

2. Principal Office Address

1863 Aurora Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 411451

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32935

Country

America

Zip

32941

Country

America

4. Date Incorporated or Qualified  
To Do Business in Florida

6-12-1998

5. FEI Number

593517640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03-74

7. Name and Address of Current Registered Agent

Name

Daniel Foreman

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

1868 Thesy Dr.

Suite, Apt. #, Etc.

City

Viera

State

FL

Zip Code

32940

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6-9-04

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
President	Daniel Foreman	1868 Thesy Dr.	Viera, FL 32940

700037993877  
06/15/04 01005-012 \*\*309.75

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]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-9-04 321-403-8770

Daytime Phone #

CR2E081 (01/04)

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FOREMAN MOTORS, INC.  
1863 AURORA RD.  
MELBOURNE, FL 32935

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DEPARTMENT OF STATE DIVISION OF CORPORATIONS  
409 EAST GAINES ST.  
TALLAHASSEE, FL 32399  
805-245-6059

June 9, 2004

TO WHO MAY IT CONCERN:


In reference to the corporation reinstatement of 2003 and 2004:

When we were at 1501 W KING ST. Cocoa, Fl. 32927, and moving to a new location we never submitted a change of address and therefore never received the notice of renewal.

I'm submitting a completed form along with a check for the total amount of \$308.75.

Sorry for the inconvenience, and if there is anything else needed to complete this process please contact me at 321-242-1123.

Sincerely,

  
Daniel Foreman  
President  
Foreman Motors Inc.