

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -3 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059294

1. Corporation Name

FORMAT GROUP INC.

900023958399
10/21/03--01012--004 **150.00

REINSTATEMENT 02-03

2. Principal Office Address

1725 W. 39th Place

Suite, Apt. #, etc.

Bay B

City & State

Hialeah, FL

Zip

33012

Country

Miami-Dade

3. Mailing Office Address

1725 W. 39th Place

Suite, Apt. #, etc.

Bay B

City & State

Hialeah, FL

Zip

33012

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1998

5. FEI Number

65-0848588

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

Jorge L. Forte

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

1725 W. 39th Place, Bay B

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

Jorge L. Forte

REGISTERED AGENT MUST SIGN

Date 10-15-03

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	FORTE, JORGE L	4517 W 14th Lane	Hialeah, FL 33012

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:

Jorge L. Forte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

Daytime Phone #

CR2E081 (10/02)