APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000084556

FILED
99 NOV 17 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: Forman-Smith Development, Inc.

REINSTATEMENT 99

Principal Place of Business	Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1072 N. Lake Way	1072 N. Lake Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach, FL 33480	City & State: Palm Beach, FL 33480
Zip: 33480 Country: USA	Zip: 33480 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/01/98

5. FEI Number: 58-2433-764 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres D /T	Sam Forman	1072 N. Lake Way	Palm Beach, FL 33480
VP D /S	Felice Forman	1072 N. Lake Way	Palm Beach, FL 33480
D	Alan J. Ciklin	515 N. Flagler Dr., #1700	West Palm Beach, FL 33401

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***750.00 ***750.00

LS

8. Name and Address of Current Registered Agent

Filings, Inc.
3732 N.W. 16th Street
Ft. Lauderdale, FL 33311-4132

9. Name and Address of New Registered Agent

Name: Alan J. Ciklin
Street Address (P.O. Box Number is Not Acceptable): 515 N. Flagler Dr.
Suite, Apt. #, Etc.: 1700
City: West Palm Beach State: FL Zip Code: 33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 11/16/99

REGISTERED AGENT MUST SIGN: Alan J. Ciklin

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ - Director 11/16/99 561-832-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Alan J. Ciklin, Director

Date | Daytime Phone #