

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -6 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 990000 48566

**1. Corporation Name**

Lawrence J. Forno, P.A.

**2. Principal Office Address**

1620 S. Ocean Blvd

Suite, Apt. #, etc.

3J

City & State

Pompano Beach FL

Zip

33062

Country

US

**3. Mailing Office Address**

P.O. Box 1327

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33061

Country

US

**REINSTATEMENT** 02-04

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

5-24-99

**5. FEI Number**

650 926 887

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

Lawrence J. Forno

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

1620 S. Ocean Blvd.

Suite, Apt. #, Etc.

3J

City

Pompano Beach

State

FL

Zip Code

33062

200031853842

04/06/04-01009-022 \*\*1050.00

**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

4/2/04

**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
P/D	Lawrence J. Forno	1620 S. Ocean Blvd - 3J	Pompano Beach FL 33062

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

Date

4/2/04

Daytime Phone #

(954) 781-5369

CR2E081 (01/04)