

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB 11 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022005 REIN-P CR2E098 (6/04)

DOCUMENT # P99000083459

1. Entity Name
FORASTERO, INC.



Principal Place of Business
**4600 S.W. 152 AVENUE
MIRAMAR, FL 33027**

Mailing Address
**4600 S.W. 152 AVENUE
MIRAMAR, FL 33027**

2. Principal Place of Business
**10520 NW 26TH STREET
Suite, Apt. #, etc.
SUITE C-201**

3. Mailing Address
**10520 NW 26TH STREET
Suite, Apt. #, etc.
SUITE C-201**

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0955029

Applied For
Not Applicable

Zip Country
33172 USA

Zip Country
33172 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRAIZ TRAPOTE, FERNANDO
4600 S.W. 152 AVENUE
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name **JOSE E. CABANAS**
CABANAS & ASSOCIATES, PA
Street Address (P.O. Box Number is Not Acceptable)
10520 NW 26TH STREET - SUITE C-201
City **MIAMI** FL Zip Code **33172**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOSE E. CABANAS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/2/05

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **FRAIZ TRAPOTE, FERNANDO**
STREET ADDRESS **4600 S.W. 152 AVENUE**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **FRAIZ TRAPOTE, FERNANDO**
STREET ADDRESS **10520 NW 26TH STREET**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

Date

(305) 513-3639

Daytime Phone #

FERNANDO FRAIZ TRAPOTE

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

February 2, 2005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

RE: FORASTERO, INC.
DOCUMENT # P99000083459

Gentlemen:

We are the Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2004.

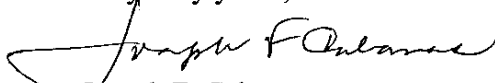
Please note that our client requests amnesty and abatement of the penalty. They never received the Annual Report application due to the fact that they moved at the beginning of 2004.

We are enclosing the 2005 for Profit Corporation Reinstatement as well as check for \$ 300.00 to cover the 2004 and 2005 filing fees.

We respectfully request that you please consider the above circumstances and abate the late filing penalty.

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Enclosure