

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 17 PM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083459

1. Corporation Name

FORASTERO, INC.

2. Principal Office Address

4600 S.W. 152 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4600 S.W. 152 AVE

Suite, Apt. #, etc.

City & State

MIRAMAR FL.

Zip

33027

Country

USA

City & State

MIRAMAR FL.

Zip

33027

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9-21-99

5. FEI Number

65-0955029

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

FERNANDO FRAIZ TRAPOTE

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

4600 S.W. 152 AVE.

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

REGISTERED AGENT MUST SIGN

Date

7-13-03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PSTD   | FERNANDO FRAIZ TRAPOTE               | 4600 S.W. 152 AVE.                                | MIRAMAR, FL. 33027 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-13-03

Daytime Phone #

CR2E081 (10/02)

282

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

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

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

July 3, 2003

Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Forastero Inc.  
Doc# P99000083459

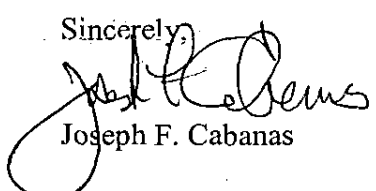
Gentlemen:

We are the accountants for the above taxpayer. Please note that our client never received the original UBR's since they moved during the year of 2001 and enclosed please find a "Reinstatement" form with our clients address change.

Our client respectfully requests amnesty against any penalties since they moved and never received the UBR's. Our client has attached a check for \$300 to cover the filing fee for years 2002 & 2003.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

  
Joseph F. Cabanas