PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

[redacted]PPLICATION FOR [redacted]

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

2000 UBR

APPROVED AND FILED

00 NOV -8 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111301

1. Corporation Name

FOREM SERVICES, INC.

Principal Place of Business	Mailing Address
8108 SW 21ST COURT MIRAMAR FL 33025	8108 SW 21ST COURT MIRAMAR FL 33025

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/28/1999

5. FEI Number: 65-0972569 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NWOFOR, EMMANUEL	8108 SW 21ST COURT	MIRAMAR FL 33025
			700003496297--6 -12/12/00--01005--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

THOMAS, LOLA
9111 PEMBROKE ROAD
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 11/4/2K

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Emmanuel Nwofor 11/3/00 954-443-3884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028680 AF

2 of 2

FOREM SERVICES, INC.

October 18, 2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

Dear Sir or Madam:

We hereby enclose the Notice of Administrative Dissolution, which we received on October 13th, 2000.

This is a new company which was incorporated on December 28th 1999, and if we had received an annual report notice we would have filed it in a timely manner.

This notice came as a shock to us and immediately upon receipt, we called the Division of Corporations to explain that neither did we receive an annual report not a second notice. We were informed to send in a check for $150.00 and the enclosed notice to prevent the company from being dissolved.

We thank you for your attention to this matter.

Sincerely,

LOLA THOMAS
Registered Agent

8108 SW 21ST COURT • MIRAMAR FL • 33025
PHONE: 954-443-3184 • FAX: 954-447-1826