PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 AUG 15 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58024

1. Corporation Name

R. Forest, Inc.

Principal Place of Business
2050 Coral Way Ste 406 #316
Miami, Fl. 33145

Mailing Address
2050 Coral Way Ste 406
Miami, Fl. 33145

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
7301 N.W. 12th Street
Suite, Apt. #, etc
City & State: Miami, Florida
Zip: 33126 Country:

3. New Mailing Address, If Applicable
1235 Alton Rd.
Suite, Apt. #, etc.
City & State: Miami Beach, Florida
Zip: 33139 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 06/07/1991

5. FEI Number: 65-0266185 — 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	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD		Pliopa, Reyvys	7301 N.W. 12th Street Miami, Fl. 33126	Miami, Fl. 33126

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9. alan
8/15/97

8. Name and Address of Current Registered Agent
Pliopa, Reyvys
6555 N.W. 36th Street Ste 316
Miami, Fl. 33166

9. Name and Address of New Registered Agent
Name: Pliopa, Reyvys
Street Address (P.O. Box Number's Not Acceptable): 7301 N.W. 12th Street
Suite, Apt. #, Etc.
City: Miami — State: FL — Zip Code: 33126

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] REGISTERED AGENT MUST SIGN — Date: 8/1/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 8/1/97