

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 PM 4:10

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 359598

1. Corporation Name

FORCE RESOURCES, INC

2. Principal Office Address

1114 W. CARMEN ST

3. Mailing Office Address

PO Box 18243

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33606

Country

USA

Zip

33679

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

6-12-91

5. FBI Number

59-3073343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert E. Landis

000004478170

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

203 S. Lincoln Ave.

-07717701-01001-027

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Robert E. Landis

Date

July 5, 2001

REGISTERED AGENT MUST SIGN

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
PRES	Robert E. Landis	203 S. Lincoln Ave	Tampa FL 33609
D	Robert E. Landis	203 S. Lincoln Ave.	Tampa FL 33609

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)(b), 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:

Robert E. Landis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. LANDIS
PRESIDENT 7-5-01

Date

Daytime Phone #

(813)

2544248