

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION
REINSTATEMENT**



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

FILED
May 10 2000 8:00 am
Secretary of State

DOCUMENT # V08388

1. Corporation Name

FOREST APARTMENTS, INC.

2. Principal Office Address

39 TREASURE CIRCLE

Suite, Apt. #, etc.

City & State

SEBASTIAN, FLORIDA

Zip 32958

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 09-00

4/22/00 90164 02 \$150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0313397

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

P. PIERRE PAQUETTE

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

39 TREASURE CIRCLE

Suite, Apt. #, Etc.

City

SEBASTIAN

State

FL

Zip Code

32958

000003280410-6
-06/07/00--01094-001
****750.00 ****750.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 5/5/00

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
D, P	RACINE, YVON	17700 N. BAY RD. APT. 906	MIAMI, FL. 33160
D, S	PAQUETTE, CHRISTIAN	39 TREASURE CIRCLE	SEBASTIAN, FL. 32958

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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:

[Handwritten Signature] PIERRE PAQUETTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00

Date

(561) - 589-8655

Daytime Phone #

CR2E081 (9/99)