

2007 FOR PROFIT CORPORATION

REINSTATEMENT

DOCUMENT # 293580

1. Entity Name

FORWARD ENGINEERING, INC.



Principal Place of Business

6565 BEACH BLVD
JACKSONVILLE FL 32216

Mailing Address

PO BOX 16553
JACKSONVILLE FL 32245

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STOKER, GARY L.
4177 STACEY ROAD
JACKSONVILLE BCH. FL 32250

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number 59-1112086

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTV ☐ Delete
NAME STOKER, GARY L.
STREET ADDRESS 4177 STACEY ROAD
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE S ☐ Delete
NAME HOLBROOK, LEON
STREET ADDRESS 6849 LA LOMA DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME STOKER, GARY L.
STREET ADDRESS 4177 STACEY RD W.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ Delete
NAME HOLBROOK, LEON
STREET ADDRESS 6849 LA LOMA DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 400110328814
STREET ADDRESS 10/05/07--01014--023 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400110328814
STREET ADDRESS 12/11/07--01042--018 **600.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

GARY L. STOKER 8/20/07 904 724 1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 NOV 19 AM 9:52

SECRETARY OF STATE



REINSTATEMENT 07

2nd MOORE

CR2E034 (4/07)