

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **623297**

1. Corporation Name

FORWARD TRAVEL OF JACKSONVILLE, INC.

Principal Place of Business

**7411 BISCAYNE BLVD.
MIAMI, FL 33138**

Mailing Address

**7411 BISCAYNE BLVD.
MIAMI, FL 33138**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5/2/79

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MAHESH KUMAR J. PATEL	7420-22 BISCAYNE BLVD	MIAMI FLORIDA 33138

900002230619-6
07/03/97 01129 003
*****\$15.00 ***\$15.00**

8. Name and Address of Current Registered Agent

MAHESH KUMAR J. PATEL
7420-22 BISCAYNE BLVD.
MIAMI FL 33138

9. Name and Address of New Registered Agent

Name **MAHESH KUMAR J. PATEL**
Street Address (P.O. Box Number is Not Acceptable) **7420-22 BISCAYNE BLVD.**
Suite, Apt. #, Etc. **MIAMI FL**
City **MIAMI FL**
State **FL** Zip Code **33138**

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

REGISTERED AGENT MUST SIGN

Date **6-23-97**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-23-97 (25) 754 2657

CR2ED04 (12/96)