2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000106314

Entity Name: GORD ENGINEERING, INC.

GORD-NOGHANI, HARRIET

LITHIA, FL 33547

6120 AUDUBON MANOR BOULEVARD

Name:

Address:

City-St-Zip:

FILED Dec 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6120 AUDUBON MANOR BOULEVARD LITHIA, FL 33547 **Current Mailing Address: New Mailing Address:** 6120 AUDUBON MANOR BOULEVARD LITHIA, FL 33547 FEI Number: 01-0841036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORD-NOGHANI, ALIREZA 6120 AUDUBON MANOR BOULEVARD LITHIA, FL 33547 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. SIGNATURE: ALIREZA GORD-NOGHANI Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GORD-NOGHANI, ALIREZA Name: Name: 6120 AUDUBON MANOR BOULEVARD Address: Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: GORD-NOGHANI, HARRIET Q Name: 6120 AUDUBON MANOR BOULEVARD Address: Address: LITHIA, FL 33547 City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition GORD-NOGHANI, HARRIET Q Name: Name: 6120 AUDUBON MANOR BOULEVARD Address: Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: TREA () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: HARRIET GORD-NOGHANI 12/11/2009