## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000050072

Entity Name: FORESTAR DEVELOPMENT INC.

1591 OWL HOLLOW LANE

JACKSONVILLE, FL 32223

Address:

City-St-Zip:

FILED Apr 08, 2008 Secretary of State

Littly Na	ille. FOREST	AR DEVELOPINENT, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2303-L PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084				3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2303-L PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084				3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	
FEI Number	: 20-4650971	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
3010 SOU	ON, LAWREN TH THIRD ST WILLE BEACH	REET			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE: LAWREN	ICE R. PATTERSON, ESQUIR	E		
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LATSHAW, JO 158 BARBERR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	H. DUDLEY CO 39 LITTLE BAY	) Delete DLEMAN, ' HARBOR DRIVE I BEACH, FL 32082	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MARTIN, JOSE 517 PONTE VE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( MULLINS, DAV	) Delete ID L	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: JOHN H. LATSHAW, JR. D 04/08/2008