2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #F0300000725 1. Entity Name AIRTEX MANUFACTURING, INC.				
32050 W. 8	ce of Business 3RD ST. 66018-0650	Mailing Address PO BOX 650 DESOTO, KS 66018-0	0650	L FERNOL IN COLOR WIN COM COM CONTROL CON CONTROL CONTROL CON CONTROL CON CONTROL CON CONTROL
2. Principal Place of Business - No P.O. Box # 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MENTENFENERIES (1/01) 8 - 0
City & State		City & State		4 FET Number Applied For 74-2834521 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HUENE, TIM 1025 S. SEMORAN BLVD STE 1093 WINTER PARK, FL 32792			Street Addre	7. Name and Address of New Registered Agent 1 ponution Service Compenny 88 (P.O. Box Number is Not Acceptable) 1 Hays Street 1 Lahassee FL 320 Code 32301-2525
a. The above-named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent atgritture required when releastating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
	OFFICERS AND	DIRECTORS	1 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RAMBACHER, RICHARD 32050 W 83RD STREET DESOTO, KS 66018	Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 300158845283 07/23/0901036007 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WRIGHT, LAINE 32050 W 83RD STREET DESOTO, KS 66018	☐ Delete	TITLE NAME STREET ADDRESS GRY-ST-ZP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, DOUG 32050 W 83RD STREET DESOTO, KS 68018	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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 ceth; 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 earliess, with full other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylors Thora P. Daylors Thora P.				

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