

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 256681

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** LAKE WALES AIR SERVICES INC

**Current Principal Place of Business:**

1605 ST. RD. 64 WEST  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 295  
LAKE WALES, FL 33859

**New Mailing Address:**

**FEI Number:** 59-0965215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POOLE, SAMUEL E JR.  
1605 ST. RD. 64 WEST  
AVON PARK, FL 33825 US

**Name and Address of New Registered Agent:**

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:** SAMUEL E. POOLE JR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** POOLE, SAMUEL E JR.  
**Address:** 1605 WEST ST. RD. 64  
**City-St-Zip:** AVON PARK, FL 33825

**Title:** M  
**Name:** POOLE, SAMUEL E JR.  
**Address:** 1605 WEST ST. RD. 64  
**City-St-Zip:** AVON PARK, FL 33825

**Title:** ST  
**Name:** POOLE, FREDERICK S  
**Address:** 515 CENTER ST  
**City-St-Zip:** LAKE WALES, FL 33853

I hereby 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 all other like empowered.

**SIGNATURE:** SAMUEL E. POOLE JR

Electronic Signature of Signing Officer or Director

PRES

10/06/2010

Date