## 2008 FOR PROFIT CORPORATION REINSTATEMENT

		KEII13 I	AIEMENI						
DOCUMENT # 505859								FILED	
1. Entity Name									
PNEUMATICO, INC.							08	JUN 24 PH	1: 03
				-			، ا	ent Art OF	STATE
Principal Place of Business Mailing Address							Al	LAHASSEE, F	LORIDA
5090 S. INDUSTRY DR. P.O. BOX 410310 MELBOURNE, FL 32941 US MELBOURNE, FL 3294				241	ĺ			•	
MELDOURNE, IL 32941 US MELDOURNE, IL 32941									
Principal Place of Business - No P.O. Box #     3. Mailing Address					ļ			<u>om bigui over</u> oter etem eta	[23]
Suite, Ap⊋#, etc.			Suite, Apt. #, etc.			06 3 10	VSIATEN	ENT (098 (1707)	7-08
City & State			City & State			4. FEI Numb		<u> </u>	oplied For of Applicable
Zip	Country		Zip	Country	,		of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Reg	gistered Agent	
Name						ARLD	R. HILLA	PEN	
HILLIARD, LINDA M PRES 6845 S. TROPICAL TRAIL							er is Not Acceptable)	^~	
MERRITT ISLAND, FL 32952					509	90 S.	INduste	y DR.	
					MELB	OLLENIE	_		
City								FL Zip Cod	e
8. The above	named entit	v submits this statement	for the purpose of changing it	ts registered	office or register	ed agent, or bo	th, in the State of Florid		and accept
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE									
Fil	LE NOW!!!	FEE IS \$900.00							
10. OFFICERS AND DIRECTORS						ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
THTLE	PD Z Delete							Change	☐ Addition
NAME STREET ADDRESS	HILLIARD	I, L M ROPICAL TRAIL		NAME	ADDRESS	2	001315 3/0801052-	94782	
CITY-ST-ZIP		ISLAND, FL		CITY-S		06/2	/3/08==01052=	024 **908	3.75
TITLE	SD		<b>X</b> Delete	TITLE			<del></del>	☐ Change	Addition
NAME	HILLIARD	, L M		NAME	İ				_
STREET ADDRESS		ROPICAL TRAIL			ADDRESS				
CITY-ST-ZIP		ISLAND, FL		CITY-S					
TITLE	A CONTRACTOR	Dugald	Delete	TITLE	P 5-	T		☐ Change	☐ Addition
NAME STREET ADDRESS	1	), <del>DOUB</del> R ISINGTON RD.	Mod	NAME	ADDRESS				
CITY-ST-ZIP		RNE, FL 32935	ALU.	CITY-S					
TITLE	VD	<u> </u>	□ Delete	TITLE				☐ Change	☐ Addition
NAME	HILLIARD	, DEREK	_ 55,615	NAME		K			_
STREET AODRESS	I.	ISINGTON RD.		• • • • • • • • • • • • • • • • • • • •	ADDRESS	Mich	n tal		
CITY-ST-ZIP	MELBOU	RNE, FL 32935		CITY-S	T-ZIP	TY U			
TITLE			☐ Delete	TITLE		1		☐ Change	Addition
NAME STREET ADDRESS				NAME STREET	ADDRESS				
CITY-ST-ZIP	1			CITY-S					ļ
TITLE			☐ Delete	TITLE	İ			☐ Change	☐ Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				-
CITY-ST-ZIP		- 1-6	detaile filtre de en 1977	CITY-S		in Object 111	Claride Charles - 11	ethor agatification of	afarmatia -
17 Iberebu		e intormation supplied w	uth this tiling dose not qualify:	for the exem	intions contained	in Chapter 119	9, Florida Statutes. I fu	moor commy that the in	Tiormation
indicated	on this repo	rt or supplemental repor	t is true and accurate and that	my signatur	e shall have the s	same legal effe	ct as if made under oa	th; that I am an officer	or director
indicated of the cor	l on this repor poration or th	rt or supplemental repor ne receiver or trustee en	t is true and accurate and that apowered to execute this repo s, with all other like empowere	t my signatui rt as require	e shall have the s	same legal effe	ct as if made under oa	th; that I am an officer	or director
indicated of the cor changed.	d on this repor poration or the or on an atta	rt or supplemental repor ne receiver or trustee en	t is true and accurate and that opowered to execute this repo	t my signatui rt as require d.	e shall have the s d by Chapter 607	same legal effe , Florida Statut	ct as if made under oa es; and that my name a	th; that I am an officer	or director
indicated of the cor	d on this repor poration or the or on an atta	rt or supplemental repor ne receiver or trustee en achment with an addres	t is true and accurate and that opowered to execute this repo	t my signatui irt as require id. Wyold	e shall have the s d by Chapter 607	same legal effe , Florida Statut	ct as if made under oa es; and that my name a	th; that I am an officer	or director