

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 505859

1. Entity Name  
PNEUMATICO, INC.



FILED  
08 JUN 24 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5090 S. INDUSTRY DR.  
MELBOURNE, FL 32941 US

Mailing Address  
P.O. BOX 410310  
MELBOURNE, FL 32941

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State



4. FEI Number  
59-1757246

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HILLIARD, LINDA M PRES  
6845 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

## 7. Name and Address of New Registered Agent

Name  
DUGALD R. HILLIARD  
Street Address (P.O. Box Number is Not Acceptable)  
5090 S. Industry Dr.  
Melbourne  
City  
FL Zip Code  
32941

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLIARD, L M 6845 S. TROPICAL TRAIL MERRITT ISLAND, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILLIARD, L M 6845 S. TROPICAL TRAIL MERRITT ISLAND, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS DUGALD R. HILLIARD 2932 KENSINGTON RD. MELBOURNE, FL 32935 PR 4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILLIARD, DEREK 2932 KENSINGTON RD. MELBOURNE, FL 32935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200131594782 06/23/08--01052--024 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 176/24
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUGALD R. HILLIARD Dugald R. Hilliard 06/20/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #