


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 694750 1. Entity Name PILOTS SERVICES, INC.						FILED 05 JUN -3 PM 3:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 106 LAUREL ST GEORGETOWN, DE 19947 US				Mailing Address 1901 S. INDIAN RIVER DR FT PIERCE, FL 34950					
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent LYSHON, STEVENS G III 1901 S INDIAN RIVER DRIVE FT PIERCE, FL 33450				7. Name and Address of New Registered Agent Name LYSHON, LOUISE G Street Address (P.O. Box Number is Not Acceptable) 1901 S. INDIAN RIVER DRIVE City FT PIERCE FL Zip Code 34950					
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 <u><i>Louise G. Lyshon</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u><i>LOUISE G. LYSHON PRES.</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>				<u><i>5/24/05</i></u> <small>DATE</small>	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LYSHON, LOUISE G 3101 S. INDIAN ROVER DR FT PIERCE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LYSHON, G S 3101 S INDIAN RIVER DR FT PIERCE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	400055707144 06/03/05--01016--003 **3011.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Louise G Lyshon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>Louise G. Lyshon</i></u> <small>Signature</small>				<u><i>5/24/05</i></u> <u><i>772-464-2092</i></u> <small>Date Daytime Phone #</small>	