2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# N03000008421

Entity Name: HALLER AIRPARK EAA CHAPTER 1379 INCORPORATED

Current Principal Place of Business:

5335 AIRPARK LOOP W
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

5335 AIRPARK LOOP W
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 65-1204496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLEOD, B ALAN
5335 AIRPARK LOOP W
GREEN COVE SPRINGS, FL 32043 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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MCLEOD, B ALAN
Address: 5335 AIRPARK LOOP W
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DP ( ) Delete
Name: SEELEY, JIM
Address: 2538 FOXWOOD RD S
City-St-Zip: ORANGE PARK, FL 32073

Title: DP ( ) Delete
Name: MOODY, EDSEL
Address: 5256 AIRPARK LOOP W
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DS ( ) Delete
Name: TAYLOR, TERRY
Address: 417 OLDFIELD DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. ALAN MCLEOD DP 10/20/2004
Electronic Signature of Signing Officer or Director — Date