

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000018520

Entity Name: ATLANTIC COAST AIR, INC.

FILED  
Oct 22, 2004  
Secretary of State

## Current Principal Place of Business:

3436 S.W. 22ND STREET  
FT. LAUDERDALE, FL 33312

## New Principal Place of Business:

5986 SW 44 STREET  
DAVIE, FL 33314

## Current Mailing Address:

3436 S.W. 22ND STREET  
FT. LAUDERDALE, FL 33312

## New Mailing Address:

5986 SW 44 STREET  
DAVIE, FL 33314

FEI Number: 65-1090507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLSEN, NILS  
3436 S.W. 22ND STREET  
FT. LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

OLSEN, NILS  
2758 NE 15 STREET  
APT. 2D  
FT. LAUDERDALE, FL 33304 US

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: NILS OLSEN

10/22/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: OLSEN, NILS  
Address: 3436 S.W. 22ND STREET  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D (X) Delete  
Name: OLSEN, JOHN  
Address: 3436 S.W. 22ND STREET  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DS ( ) Delete  
Name: OLSEN, EVE  
Address: 3436 S.W. 22ND STREET  
City-St-Zip: FT. LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: OLSEN, NILS  
Address: 2758 NE 15 STREET APT.2D  
City-St-Zip: FT. LAUDERDALE, FL 33304

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILS OLSEN

DP

10/22/2004

Electronic Signature of Signing Officer or Director

Date