## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000061080

KELLEY, MICHAEL F

HAMBERG, JOYCE M

3908 ARLINGTON AVE

TAMPA, FL 33603

(X) Delete

430 COLUMBIA DR

TAMPA, FL 33606

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: FRESH FLIGHT DEVELOPMENT. INC

FILED Oct 21, 2004 Secretary of State

Littly Name. TRESHT LIGHT DEVELOFMENT, INC.						
Current Pr	ce of Business:	New Princ	New Principal Place of Business:			
400 E M. L. KING BLVD SUITE #103 TAMPA, FL 33603			BLDG. A	2601 E. HENRY STREET BLDG. A TAMPA, FL 33610		
Current Ma	ess:	New Maili	New Mailing Address:			
PO BOX 36 TAMPA, FL						
FEI Number:	59-3726480	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
KELLEY, M 400 E M. L. SUITE #103 TAMPA, FL		PO BOX 36	KELLEY, MICHAEL F PO BOX 360035 TAMPA, FL 33673 US			
The above in the State		y submits this statement for the p	urpose of changing i	s registere	d office or registered agent, or both,	
SIGNATUR	EL F. KELLEY		10/21/2004			
Electronic Signature of Registered Agent				Date		
Election Cam		193(2)(b), F.S., the corporation did no ing Trust Fund Contribution(). CTORS:	·		ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V CARDUCCI, I 1427 CLARIC VALRICO, FL	ON DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	VST (	( ) Delete	Title:	VST	(X) Change ( ) Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

KELLEY, MICHAEL F

() Change () Addition

PO BOX 360035

TAMPA, FL 33610

SIGNATURE: MICHAEL F. KELLEY VST 10/21/2004