2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000121031

1. Entity Name
FLIGHTLINE OF SANFORD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 PM 5:28

REINSTATEMENT 06

Principal Place of Business	Mailing Address
125 MONROE ROAD SANFORD, FL 32771	125 MONROE ROAD SANFORD, FL 32771

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11132006 REIN-P CR2E098 (11/05)

4. FEI Number 01-0554627 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, ANNE S 11104 PLANTATION LAKES CIRCLE SANFORD, FL 32771	Name: Smith ANNE S. Street Address (P.O. Box Number is Not Acceptable): 125 MONROE Rd City: Sanford Fl FL Zip Code: 32771

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: Anne S. Smith 11-14-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $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	P ☐ Delete	TITLE	Smith ANNE S. ☐ Change ☐ Addition
NAME	SMITH, ANNE S	NAME	
STREET ADDRESS	11104 PLANTATION LAKE CIR	STREET ADDRESS	125 MONROE Rd
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP	Sanford Fl 32771
TITLE	V ☐ Delete	TITLE	Smith Dan J ☐ Change ☐ Addition
NAME	SMITH, DAN J III	NAME	
STREET ADDRESS	380 MORNING GLORY DR	STREET ADDRESS	125 MONROE Rd
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	Sanford Fl 32771
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500081824665
STREET ADDRESS		STREET ADDRESS	11/15/06--01047--021 **158.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Anne S. Smith 11-14-06 407-402-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #