## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000012797  1. Entity Name SABAL AVIATION, INC.								FILED 06 OCT 25 AMII: 56				
2295 W EAU GALLIE BLVD, SUITE A -2				Mailing Address  2295 W EAU GALLIE BLVD; SUITE A  MELBOURNE, FL 32935				) <u>.</u>	UHE JARY U LAHASSEE.	F STAT FLORI	Ē DA	
Suite, Apt. #, etc.				. Mailing Address 2090 W. されな GACLIE BLUS Suite, Apt. #, etc. Suite A				10192006	REIN-P		098 (11/05)	
City & State				City & State				4. FEI Numb				oplied For
Zip	Country			р	try		i	of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Regis			Registe	ered Agent	Name	7. Name and Address of New Registered Agent						
BRANDON, THOMAS R  -2295 W EAU GALLIE BLVD, SUITE A MELBOURNE, FL 32935						Street A	ddress (P.O. Box Number is Not Acceptable)  WEAUGALLE BLUD  Zip Code					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent atgnature required when reinstating)  DATE												
		FEE IS \$150.00 107, Fee will be \$300.0					In accordance of corporation did	with s. 607	7.193(2)(b).	F.S., the notice.		
10. OFFICERS AND DIRE							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1				S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	4326 DAV	N, THOMAS R /IDIA DR RNE, FL 32934		☐ Delete	Delete TITLE NAME STREE CITY-			Change — Ad 700081183517 10/25/0601026001 **150.00				Addition
NAME STREET ADDRESS CITY-ST-ZIP		DANIEL S STVIEW ST NE LY, FL 32907						_ , _			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		M	INST	ATEME		Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
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: Davice 5. BCAR) 10/19/06 321-725-0065  SIGNATURE AND TYPED OR PRINTED MAINE OF SIGNING OFFICER OR DIRECTOR Date  Davice Phone #												

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Sabal Aviation, Inc 2090 W. Eau Gallie Blvd. Suite A Melbourne, FL 32935

October 19, 2006

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: P02000012797

Dear Sirs,

Please note that our corporation's mailing address (only) has changed, and also that the mailing address of our Registered Agent is the corporation's new address.

We believe the change of address caused our renewal notification to be misdirected, as we have had several other pieces of mail either misdirected or returned to senders.

Thank you for your assistance in this matter.

Cordially,

Daniel S. Beard Secretary/Treasurer Sabal Aviation, Inc.

Encl: 2006 For Profit Corporation Reinstatement