## 2006 FOR PROFIT CORPORATION REINSTATEMENT

Pence of Piece of Burners  Soft S. C. MANTON Why STIART, R. 34996  2. Pincosal Piece of Burners  Sude. Apt. 4. 60c.  Surfe. April. viol.  City & State  City	DOCUMENT # P02000124861  1. Entity Name STUART JET, INC.					FILED 06 OCT 17 AM 11: 44				
Sule, Apil 4, etc.    City & State	2501 S.E. AVIATION W	2501 S.E. AVIATION WAY			I A	EL AHASSEE,	FLGRIÐA	: 21 1121-127 11 1291		
City & State  Country  S. Certificate of Status Destined   Set 5 Additional Per Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Sireal Additional To Name and Address of New Registered Agent  City   State Additional To Name and Address of New Registered Agent  City   State Address of Current Registered Agent  City   State Address of New Registered Agent  Sireal Address of New Registered Agent  City   FL   Zip Code  8. The above named entity submits this statement for the purpose of changing its registered dilice or registered agent, or both, in the Slate of Florida. I am familiar with, and accept the obligations of registered agent.  SignATURE:    Additional Transport   State	2. Principal Place of But	3. Mailing Address	3. Mailing Address							
NoT APPLICABLE   Not Applicable   St. 75 Additional   St. 75 Add	Suite, Apt. #, etc.		Suite, Apt. #, etc.			10112006	REIN-P	CR2E098 (11/0	D5) 06	
S. Salar and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  8. The above named entity submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  8. The above named entity submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  8. The above named entity submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the purpose of the purpose	City & State		City & State			1		<u> </u>	<del> </del>	
Sinest Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Cour		ntry	5. Certificate	of Status Desired				
Sireet Address (F.O. Box Number is Not Acceptable)    City	6. Nar	Registered Agent			7. Name and Address of New Registered Agent					
City FL 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the profession of the composition of	2700 N. MILITARY			Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE     STATE     STATE	50071011011,12 30431									
THE NOWILL FEE IS \$150.00  After January 1, 2007, Fee will be \$300.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT IN ADDITIONS TO OFFICE TO		<del> </del>	<u></u>		,					
FILE NOWIII FEE IS \$150.00  After January 1, 2007, Fee will be \$300.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 11  TILE D CHANGES CITY-S1-2P  SCHMIDT, RICHARD L STREET ADDRESS CITY-S1-2P  TILE D CHANGES CI	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.									
After January 1, 2007, Fee will be \$300.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D SCHMIDT, RICHARD L STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE NAME STR										
TITLE NAME SCHMIDT, RICHARD L SCHMIDT, RICHARD L STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 STORES CITY-ST-ZIP STUART, FL 34996 STORES CITY-ST-ZIP STUART, FL 34996 STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 STREET ADDRESS CITY-ST-ZIP S	· ·						In accordance v corporation did	with s. 607.193(2) not receive the pr	(b), F.S., the ior notice.	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	T_	OFFICERS AND				ADDITIONS	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME SCHMIDT, RICHARD L			NAM	IE.	_ , _				
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	1					900080932489 10/18/0601005018 **150.00				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP S	NAME Street address		☐ Delete	NAM STRE	NE EET ADDRESS			_		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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:	NAME STREET ADDRESS	NAM			RE EET ADDRESS			☐ Chan	ge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS 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:	NAME STREET ADDRESS	,	☐ Delete	NAM Stre	EET ADDRESS			☐ Char	ge Addition	
NAME STREET ADDRESS 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:	NAME STREET ADDRESS		☐ Delete	NAM STRE	eet address			☐ Char	ige Addition	
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:  10-11-06  722-288-6700	NAME STREET ADDRESS		□ Delete	NAM STRE	eet address			☐ Chan	ge Addition	
SIGNATURE: 10-11-06 722-288-6700 Date Daytime Phone 9	indicated on this rep of the corporation or	port or supplemental report is the receiver or trustee emp	s true and accurate and that owered to execute this repor	my signa t as requi	ture shall have the	same legal effe	ct as if made under d	oath: that I am an off	icer or director	
	SIGNATURE:	SIGNATURE AND TYPED OR	MINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR		-11-06 Date	772-a Daytime Phor	288-670D	