

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000008741

Entity Name: EXODUS AIRWAYS INC

FILED  
Jan 02, 2007  
Secretary of State

## Current Principal Place of Business:

10901 NW 29 MANOR  
SUNRISE, FL 33322

## New Principal Place of Business:

10519 SAN TRAVASO DRIVE  
TAMPA, FL 33647

## Current Mailing Address:

10901 NW 29 MANOR  
SUNRISE, FL 33322

## New Mailing Address:

10519 SAN TRAVASO DRIVE  
TAMPA, FL 33647

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHARLES, INGRID  
2711 NW 87 AVE  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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: INGRID CHARLES

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: P ( ) Delete  
Name: JOHNSTON, DONNA M  
Address: 10901 NW 29 MANOR  
City-St-Zip: SUNRISE, FL 33322 US

Title: D ( ) Delete  
Name: CLARKE, TIM  
Address: 6175 SW 44 ST  
City-St-Zip: DAVIE, FL 33314 US

Title: V ( ) Delete  
Name: CYRUS, ROY  
Address: 20451 SW 1ST ST  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: V ( ) Delete  
Name: CORRICA, COLIN  
Address: 145-16 176 ST  
City-St-Zip: JAMAICA, NY 11434 US

Title: V ( ) Delete  
Name: ELIGON, LEON  
Address: 5428 SW CATSKILL DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D ( ) Delete  
Name: MUNGROO, NEISHA  
Address: 2711 NW 87 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JOHNSTON, DONNA M  
Address: 10519 SAN TRAVASO DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: DONNA JOHNSTON

P

01/02/2007

Electronic Signature of Signing Officer or Director

Date