

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000038560

FILED
Jun 29, 2005
Secretary of State

Entity Name: PULLEN AIR CORP.

Current Principal Place of Business:

105 S. CORONA ST.
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

105 S. CORONA ST.
CLEWISTON, FL 33440 US

New Mailing Address:

105 S. CORONA ST
CLEWISTON, FL 33440 US

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

Name and Address of Current Registered Agent:

ACTIVE FILINGS, LLC
10651 NE 11TH COURT
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

JON W PULLEN
410 S SAN GABRIEL ST
CLEWISTON, FL 33440 US

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: JON W PULLEN

06/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PULLEN, JON W
Address: 410 S. SAN GABRIEL ST.
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP () Delete
Name: PULLEN, JACKIE
Address: 410 S. SAN GABRIEL ST.
City-St-Zip: CLEWISTON, FL 33440 US

Title: T (X) Delete
Name: RAYBURN, MICHELLE
Address: 13649 HAMLIN AVE.
City-St-Zip: CLEWISTON, FL 33440 US

Title: S (X) Delete
Name: COLLIER, DAVID
Address: 4411 RIVERSIDE DRIVE
City-St-Zip: MOORE HAVEN, FL 33471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPTS (X) Change () Addition
Name: PULLEN, JACKIE
Address: 410 S. SAN GABRIEL ST.
City-St-Zip: CLEWISTON, FL 33440 US

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 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.

SIGNATURE: JON W PULLEN

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date