## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000038560

Entity Name: PULLEN AIR CORP.

FILED Oct 09, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
105 S. COI CLEWISTO	RONA ST. DN, FL 33440	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
105 S. COI CLEWISTO	RONA ST ON, FL 33440	US			
FEI Number: 20-3071272		FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	JLLEN I GABRIEL ST ON, FL 33440	US			
	named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: JON W. P	ULLEN			
	Electroni	c Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () PULLEN, JON W 410 S. SAN GAE CLEWISTON, FI	RIEL ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPTS () PULLEN, JACKII 410 S. SAN GAE CLEWISTON, FI	RIEL ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JON W. PULLEN PRES 10/09/2009