



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000052913 1. Entity Name AIR TECH OF JACKSONVILLE, INC						FILED 05 FEB 24 PM 4:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3826 SCHOENWALD LANE JACKSONVILLE, FL 32223				Mailing Address P.O. BOX 57297 JACKSONVILLE, FL 32241			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 16952 Suite, Apt. #, etc.					
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-0024128		Applied For <input type="checkbox"/> Not Applicable	
Zip 32245		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02042005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent MICHAEL CRABTREE 3826 SCHOENWALD LANE JACKSONVILLE, FL 32223				7. Name and Address of New Registered Agent Name Debbie Crego Street Address (P.O. Box Number is Not Acceptable) 1821-7 Parental Home Rd. City Jacksonville FL Zip Code 32216			
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 <u><i>Debbie Crego</i></u> 02-04-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete CRABTREE, MICHAEL 3826 SHOENWALD LANE JACKSONVILLE, FL 32223			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100047786831 03/07/05--01006--006 **900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>02/04/05</u> <small>Daytime Phone #</small>			