

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000118095

1. Entity Name
ADVANCED AIR DIAGNOSTICS, INC.



FILED
04 NOV -4 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3855 PAINTED BUNTING WAY
JACKSONVILLE, FL 32224

Mailing Address
3855 PAINTED BUNTING WAY
JACKSONVILLE, FL 32224

2. Principal Place of Business
1486 3rd St S.
Suite, Apt. #, etc.

3. Mailing Address
1486 3rd St S.
Suite, Apt. #, etc.



City & State
Jacksonville Beach, FL
Zip
32250
Country
USA

City & State
Jacksonville Beach, FL
Zip
32250
Country
USA

4. FEI Number
32-0096700
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPHERD, LESLIE I
3855 PAINTED BUNTING WAY
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name
John B. Shepherd
Street Address (P.O. Box Number is Not Acceptable)
3855 Painted Bunting Way
City
Jacksonville FL Zip Code
32224

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHEPHERD, LESLIE I	
STREET ADDRESS	3855 PAINTED BUNTING WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEWART, GRETCHEN E	
STREET ADDRESS	12878 ELLIS ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John B. Shepherd	
STREET ADDRESS	3855 Painted Bunting Way	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Stewart	
STREET ADDRESS	12878 Ellis Island Drive	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Jackson	
STREET ADDRESS	66 Spa Winds Lane E	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/04
Date

Daytime Phone #