2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000145717 1. Entity Name JOHN T. MANNING AIR/DAYTONA SHEET METAL & AIR INC.							TILLL VISION OF CORPORATION:				
Principal Place of Business 745 RIDGEWOOD AVE HOLLY HILL, FL 32117			Mailing Address 745 RIDGEWOOD AVE HOLLY HILL, FL 32117			REINS	4 DEC 17 A STATELL			<i>Ý</i>	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11032004	REIN-P	CR2E	098 (6/04)		
City & State			City & State	City & State			- 241 77.	3 <i>7</i>	_ 	olied For Applicable	
Zip		Country	Žip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered /	Agent		
MANNING :745 RIDGI		VE				(P.O. Box Numb	er is Not Acceptable	م دوس			
HOLLY HII	LL, FL 32	117 -									
					City			FL	Zip Code	,	
8. The above named entity submits this statement or 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, typed or printed, forme of registered agent and title of applicable. (NOTE: Registered Agent algentaure required when reinstating) DATE											
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00											
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	CERS AND			
TITLE NAME	D MANNING	☐ Delete	TITE.	4E				Change	Addition		
STREET ADDRESS 745 RIDGEWOOD AVE CITY-ST-ZIP HOLLY HILL, FL 32117					EET ADORESS '-ST-ZIP						
TITLE NAME			☐ Delete	İIII	l l				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STR	EET ADORESS /-ST-ZIP						
TITLE					E		<u></u>		☐ Change	Addition	
NAME Street address			• • •	· NAI		1000426107 11/03/0401089002		781			
CITY-ST-ZIP			Пои	-	r-ST-ZIP	1170	37 04 101,000	1 112			
NAME.			☐ Delete	, NAA	Œ				Change	Addition	
STREET ADDRESS CITY-ST-ZLP					EET ADORESS (-ST-ZIP	~].	
TITLE NAME			☐ Delete	TITL NAA	l l				☐ Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP				STR	EET ADDRESS /-ST-ZIP						
TITLE	: ,		☐ Delete	TITL	E				☐ Change	Addition	
STREET ADDRESS	distribution	. %			EET ADDRESS						
12. I hereby	certify that th	e information supplied w	rith this filing does not qualify t		r-ST-ZIP emption stated in Se	ection 119.07(3)	(i), Florida Statutes.	further cer	tify that the in	formation or director	
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 of 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone P											