

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000145717 1. Entity Name JOHN T. MANNING AIR/DAYTONA SHEET METAL & AIR INC.					
Principal Place of Business 745 RIDGEWOOD AVE HOLLY HILL, FL 32117			Mailing Address 745 RIDGEWOOD AVE HOLLY HILL, FL 32117		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANNING, JOHN T 745 RIDGEWOOD AVE HOLLY HILL, FL 32117			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE: _____ </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div style="width: 35%;"></div> <div style="width: 35%;"></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, JOHN T 745 RIDGEWOOD AVE HOLLY HILL, FL 32117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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.			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div style="width: 35%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="width: 35%;"> 100042610781 11/03/04--01089--002 **\$750.00 </div> </div>		
SIGNATURE: <div style="float: right; text-align: right;"> Date: _____ Daytime Phone #: _____ </div>					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 DEC 17 AM 11:03

REINSTATEMENT 04

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