

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000138090	
1. Entity Name LHERY AVIATION SERVICES INC	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 21 AM 7:57

Principal Place of Business 1255 ROSLYN AVE. NW PALM BAY, FL 32905	Mailing Address 1255 ROSLYN AVE. NW PALM BAY, FL 32905
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REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box # 1225 ROSLYN AVE. Suite, Apt. #, etc. NW PALM BAY City & State FL Zip 32905	3. Mailing Address 1225 ROSLYN AVE. Suite, Apt. #, etc. NW PALM BAY City & State FL 32905 Zip Country BREVARD
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03132007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent JEUDY, LHERISSON 1255 ROSLYN AVE. NW PALM BAY, FL 32905	
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4. FEI Number 20-3954705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>E. Jeudy</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 03-19-07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JEUDY, LHERISSON 1255 ROSLYN AVE. NW PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEUDY, LHERISSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1225 ROSLYN AVE. NW PALM BAY FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500096008475 04/06/07--01047--017 **300.00 <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
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
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 exemptions contained 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 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: <i>E. Jeudy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 03-19-07 DAYTIME PHONE 321 6523787