


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000067783 1. Entity Name PNEUMATIC UNLIMITED INC	
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FILED

07 NOV -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1428 W DREW STREET LAKE WORTH, FL 33462	Mailing Address 1428 W DREW STREET LAKE WORTH, FL 33462
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JKR



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 2007

4. FEI Number **20-4907509** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**BRINDLE, THOMAS
1428 W DREW STREET
LAKE WORTH, FL 33462**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	BRINDLE, THOMAS	
STREET ADDRESS	1428 W DREW STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	VP	
NAME	BRINDLE, THOMAS	
STREET ADDRESS	1428 W DREW STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	T	
NAME	BRINDLE, THOMAS	
STREET ADDRESS	1428 W DREW STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	S	
NAME	BRINDLE, THOMAS	
STREET ADDRESS	1428 W DREW STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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11706707--01011--007 *\$750.00

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: Thomas Brindle 10-30-07 561-585-6428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #