

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000094206

**FILED**  
**Dec 10, 2007**  
**Secretary of State**

**Entity Name:** AIR UNITED MECHANICAL SERVICES, INC.

**Current Principal Place of Business:**

PO BOX 970487  
BOCA RATON, FL 33497

**New Principal Place of Business:**

5280 NE 18TH AVENUE  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

PO BOX 970487  
BOCA RATON, FL 33497

**New Mailing Address:**

5280 NE 18TH AVENUE  
FORT LAUDERDALE, FL 33334

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAMMER, EDWIN L  
3801 N UNIVERSITY DR #311  
SUNRISE, FL 33351      US

**Name and Address of New Registered Agent:**

BURK, PAULETTE M  
5280 NE 18TH AVENUE  
FORT LAUDERDALE, FL 33334      US

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.

SIGNATURE: PAULETTE M. BURK

12/10/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      HUFF, CANDACE  
Address:                      PO BOX 970487  
City-St-Zip:                      BOCA RATON, FL 33497

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      D                      (X) Change ( ) Addition  
Name:                      BURK, PAULETTE M  
Address:                      5280 NE 18TH AVENUE  
City-St-Zip:                      FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULETTE M. BURK

D

12/10/2007

Electronic Signature of Signing Officer or Director

Date