2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000087443

Entity Name: EAGLES FLIGHT SERVICES INC

FILED Dec 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1349 WEST WINDS DR 12038 PICALILLI ST

DAVENPORT, FL 33837 US ORLANDO, FL 32837 US

Current Mailing Address: New Mailing Address:

1349 WEST WINDS DR 12038 PICALILLI ST

DAVENPORT, FL 33837 US ORLANDO, FL 32837 US

FEI Number: 26-0645973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALAS, JESUS SALAS, JESUS 1349 WEST WINDS DR 12038 PICALILLI ST

DAVENPORT, FL 33837 US ORLANDO, FL 32837 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: JESUS SALAS 12/15/2009

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SALAS, JESUS
 Name:
 SALAS, JESUS

 Address:
 1349 WEST WINDS DR
 Address:
 12038 PICALILLI

 City-St-Zip:
 DAVENPORT, FL 33837 US
 City-St-Zip:
 ORLANDO, FL 32837 US

 Name:
 SALAS, ALFREDO E
 Name:
 SALAS, ALFREDO E

 Address:
 1349 WEST WINDS DR
 Address:
 12038 PICALILLI ST

 City-St-Zip:
 DAVENPORT, FL 33837 UD
 City-St-Zip:
 ORLANDO, FL 32837 UD

() Delete Title: Title: (X) Change () Addition RINCON DE SALAS, EMILVA Name: RINCON DE SALAS, EMILVA Name: 1348 WEST WINDS DR 12038 PICALILLI ST Address: Address: City-St-Zip: DAVENPORT, FL 33837 US City-St-Zip: ORLANDO, FL 32837 US

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: JESUS SALAS P 12/15/2009