2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# P07000132137

Entity Name: AIRPORT SHUTTLE OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

357 HEFFERON DR.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

1835 US 1 SOUTH SUITE 224
ST. AUGUSTINE, FL 32084

Current Mailing Address:

US HWY 1, SOUTH, PMB 224
ST. AUGUSTINE, FL 32084

New Mailing Address:

1835 US HWY 1, SOUTH SUITE 224
ST. AUGUSTINE, FL 32084

FEI Number: 61-1548087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, ROBIN
357 HEFFERON DR.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

HINES, ROBIN
1835 US 1 SOUTH SUITE 224
ST. AUGUSTINE, FL 32084 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: ROBIN HINES 10/30/2008
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: PDTS ( ) Delete
Name: HINES, ROBIN
Address: 357 HEFFERON DR.
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition
Name: HINES, ROBIN
Address: 1835 US 1 SOUTH SUITE 224
City-St-Zip: ST. AUGUSTINE, FL 32084

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: ROBIN HINES PDTS 10/30/2008
Electronic Signature of Signing Officer or Director Date