

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000000851

Entity Name: AIR SPORTS UNLIMITED, INC.

FILED  
Apr 05, 2006  
Secretary of State

## Current Principal Place of Business:

PO BOX 97  
OCOEE, FL 34761

## New Principal Place of Business:

3147 HAMMOK GROVE ROAD  
BOX #3  
GROVELAND, FL 34736

## Current Mailing Address:

PO BOX 97  
OCOEE, FL 34761

## New Mailing Address:

3147 HAMMOCK GROVE ROAD  
BOX #3  
GROVELAND, FL 34762

FEI Number: 59-3157502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, STACEY L  
1025 AMERICAN BEAUTY ST  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

ADAMS, STACEY L  
3147 HAMMOCK ROAD  
BOX #3  
GROVELAND, FL 34736 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: STACEY L. ADAMS

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ADAMS, BRANDON C  
Address: 1025 AMERICAN BEAUTY ST  
City-St-Zip: ORLANDO, FL 32818

Title: V ( ) Delete  
Name: ADAMS, BRADY R  
Address: 1025 AMERICAN BEAUTY ST  
City-St-Zip: ORLANDO, FL 32818

Title: T ( ) Delete  
Name: ADAMS, STACEY L  
Address: 1025 AMERICAN BEAUTY ST  
City-St-Zip: ORLANDO, FL

Title: V ( ) Delete  
Name: ADAMS, GAIL  
Address: 1025 AMERICAN BEAUTY ST  
City-St-Zip: ORLANDO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ADAMS, BRANDON C  
Address: 3147 HAMMOCK GROVE ROAD, BOX 3  
City-St-Zip: GROVELAND, FL 34736

Title: V (X) Change ( ) Addition  
Name: ADAMS, BRADY R  
Address: 3147 HAMMOCK GROVE ROAD, BOX 3  
City-St-Zip: GROVELAND, FL 34762

Title: T (X) Change ( ) Addition  
Name: ADAMS, STACEY L  
Address: 3147 HAMMOCK GROVE ROAD, BOX 3  
City-St-Zip: GROVELAND, FL 34736

Title: V (X) Change ( ) Addition  
Name: ADAMS, GAIL  
Address: 3147 HAMMOCK GROVE ROAD, BOX 3  
City-St-Zip: ORLANDO, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the 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: BRADY R. ADAMS

V

04/05/2006

Electronic Signature of Signing Officer or Director

Date