

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000020761

1. Entity Name
PATTERSON AIR, INC.



FILED

2005 OCT 10 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**10370 PENSACOLA BLVD
PENSACOLA, FL 32534**

Mailing Address
**10370 PENSACOLA BLVD
PENSACOLA, FL 32534**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3227181

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, DOUG
10370 PENSACOLA BLVD
PENSACOLA, FL 32534**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 *Doug Patterson*
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-6-05

FILE NOW! FEE IS \$160.00

After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PATTERSON, DOUG**
STREET ADDRESS **1116 ISABELLA ROAD**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME **5000604600000**
STREET ADDRESS **10/10/05--01081--015** ☐ Addition
CITY-ST-ZIP ****150.00**

TITLE **D** ☐ Delete
NAME **MCKENZIE, T L**
STREET ADDRESS **125 GULF DUNES LANE**
CITY-ST-ZIP **SANTA ROSA, FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Doug Patterson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-6-05

10/13/05