

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000059123

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** CHRISTINE AIR SERVICE INC.

**Current Principal Place of Business:**

16787 WEST AINTREE DR.  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1080  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 65-0596392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOOREHEAD, WALTER F JR  
16787 W AINTREE DR  
LOXAHATCHEE, FL 33470 US

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

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: WALTER MOOREHEAD JR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOOREHEAD, WALTER F JR  
Address: 16787 W. AINTREE DR.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP  
Name: MOOREHEAD, WALTER F III  
Address: 16787 W. AINTREE DR.  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: WALTER MOOREHEAD JR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

09/29/2010

\_\_\_\_\_  
Date