

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000034916

Entity Name: AIR ALLIANCE, INC.

FILED  
Nov 04, 2007  
Secretary of State

## Current Principal Place of Business:

4108 FOREST DRIVE  
WESTON, FL 33332

## New Principal Place of Business:

6020 CYPRESS WAY  
ST. AUGUSTINE, FL 32086

## Current Mailing Address:

4108 FOREST DRIVE  
WESTON, FL 33332

## New Mailing Address:

P.O. BOX 3941  
ST. AUGUSTINE, FL 32080

FEI Number: 65-0671762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, MICHAEL L  
4108 FOREST DRIVE  
WESTON, FL 33332 US

## Name and Address of New Registered Agent:

MOORE, MICHAEL L  
6920  
CYPRESS WAY  
ST. AUGUSTINE, FL 32086 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: MICHAEL L. MOORE

11/04/2007

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: P ( ) Delete  
Name: MOORE, MICHAEL L  
Address: 4108 FOREST DRIVE  
City-St-Zip: WESTON, FL 33332

Title: V ( ) Delete  
Name: BUONPENSIERE, ANIS B  
Address: 4108 FOREST DRIVE  
City-St-Zip: WESTON, FL 33332

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOORE, MICHAEL L  
Address: 6920 CYPRESS WAY  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V (X) Change ( ) Addition  
Name: FOURNIER, LYNN D  
Address: 83 COMARES 4A  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V ( ) Change (X) Addition  
Name: MELTON, GENE  
Address: 6920 CYPRESS WAY  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: MICHAEL L. MOORE

PRES

11/04/2007

Electronic Signature of Signing Officer or Director

Date