



# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000034962</b> 1. Entity Name <b>FIESTA FLYERS, INC.</b>						<b>FILED</b>  05 JAN -4 PM 4:32  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2100 BANQUOS TRAIL PENSACOLA, FL 32503-5802</b>				Mailing Address <b>2100 BANQUOS TRAIL PENSACOLA, FL 32503-5802</b>			
2. Principal Place of Business <b>2109 Bayou Blvd</b>		3. Mailing Address <b>2109 Bayou Blvd</b>		 <b>REINSTATEMENT 2004</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>Pensacola FL</b>		City & State <b>Pensacola FL</b>		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>32503</b>		Country <b>USA</b>		Zip <b>32503</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>HUDSON, HAROLD R 2100 BANQUOS TRAIL PENSACOLA, FL 32503</b>			
7. Name and Address of New Registered Agent Name <b>HAROLD R Hudson</b> Street Address (P.O. Box Number is Not Acceptable) <b>2109 Bayou Blvd</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32503</b>							
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 <u><i>Harold R Hudson</i></u> <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>HUDSON, HAROLD R</b> STREET ADDRESS <b>2100 BANQUOS TRAIL</b> CITY-ST-ZIP <b>PENSACOLA, FL 32503</b>				TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>HAROLD R Hudson</b> STREET ADDRESS <b>2109 Bayou Blvd</b> CITY-ST-ZIP <b>Pensacola, FL 32503</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Harold R Hudson</i></u> <span style="float: right;">Date <b>12/28/04</b> Daytime Phone # <b>850 516 1826</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							