

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000104266

1. Entity Name
MANASOTA AVIONICS, INC.



FILED

04 OCT 12 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8191 N TAMiami TRAIL
SUITE 105
SARASOTA, FL 34243

Mailing Address
8191 N TAMiami TRAIL
SUITE 105
SARASOTA, FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062004 REIN-P CR2E098 (6/04)

4. FEI Number
65-0717964

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITMAN, JOHN
8191 N TAMiami TRAIL
SUITE 105
SARASOTA, FL 34243

7. Name and Address of New Registered Agent

Name Jeffrey D. Smith
Street Address (P.O. Box Number is Not Acceptable)
8191 N. Tamiami Trl
Suite 105
City Sarasota FL Zip 34243

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME WHITMAN, JOHN
STREET ADDRESS 8191 N TAMiami TRAIL STE 105
CITY-ST-ZIP SARASOTA, FL 34243

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P.D. ☐ Change ☒ Addition
NAME Jeffrey D. Smith
STREET ADDRESS 8191 N. Tamiami Trl
CITY-ST-ZIP Suite 105, Sarasota, FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/04 944-358-1404
Date Daytime Phone #