PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000001942**

1. Corporation Name
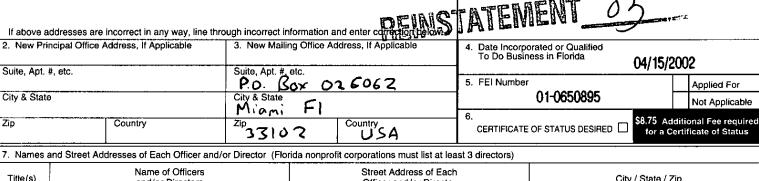
ARROW AIR HOLDINGS CORP.

REINSTATEMENT 03

Principal Place of Business	Mailing Address
115 EAST PUTNAM AVENUE GREENWICH CT 06830	115 EAST PUTNAM AVENUE GREENWICH CT 06830

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 04/15/2002
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 026062	5. FEI Number 01-0650895 / Applied For / Not Applicable
City & State	City & State Miami Fl	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip Country	Zip 33102 Country USA	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCT	CAMERON, DORT A III	115 EAST PUTNAM AVENUE	GREENWICH CT 06830
S	CAMERON, SETH M	115 EAST PUTNAM AVENUE	GREENWICH CT 06830
P	Frank Visconti	2000 NW 62nd Ave, Bldg 711	~~NW~~ Miami Fl 33122
	see attached sheet		

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10/30/03--01008--016 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RICHARDS, RICHARD L ESQ. 4600 NW 36TH STREET, BLDG 22 MIAMI FL 33122	Name Richard L. Richards Street Address (P.O. Box Number is Not Acceptable) 1740 NW 69th Ave Suite, Apt. #, Etc. Attn: Legal Department City Miami State FL Zip Code 33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____   Date 10/28/03
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Frank Visconti, President & CEO   10/28/03   305-871-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (7/03)