

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005854

1. Corporation Name

AIRTRAN AIRWAYS, INC.

Principal Place of Business

9955 AIR TRAN BLVD.
ORLANDO FL 32827
US

Mailing Address

9955 AIR TRAN BLVD.
ORLANDO FL 32827
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1993

5. FEI Number

65-0440712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	LEONARD, JOSEPH B	9955 AIR TRAN BLVD.	ORLANDO FL 32827
PRES COO	FORNARO, ROBERT	9955 AIR TRAN BLVD.	ORLANDO FL 32827
SRUP CFO	LANCELOT, DAVID W STANLEY J. GADEK	9955 AIR TRAN BLVD.	ORLANDO FL 32827
SRUP SEC	MAG KINNEY, JEFFREY T RICHARD P. MAGURNO	9955 AIR TRAN BLVD.	ORLANDO FL 32827
HEAD	HEAD, LESLIE	9955 AIR TRAN BLVD.	ORLANDO FL 32827
2	ZOLLER, ROBERT W	9955 AIR TRAN BLVD.	ORLANDO FL 32827

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

C.T. CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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.

Signature of
Registered Agent

Constance Bryan
REGISTERED AGENT MUST SIGN

Date 10-15-01

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:

Richard P. Magurno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD P. MAGURNO 10/12/01

Date 407-251-5581



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***758.75 ***758.75

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CR2E040 (8/01)