

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 26 AM 11:36

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006337

1. Corporation Name
Polar Air Cargo, Inc.

Principal Place of Business
**100 Oceangate, 15th Floor
Long Beach, CA 90802**

Mailing Address
W990000139B3
**100 Oceangate, 15th Fl
Long Beach, CA 90802**

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

REINSTATEMENT 92-99

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
12/05/96

5. FEI Number
33-0420245

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO & D	Louis Valerio	100 Oceangate, 15th Floor	Long Beach, CA 90802
VP CFO	Michael S. Bell	100 Oceangate, 15th Floor	Long Beach, CA 90802
SVP	Alfred J. Eichenlaub	100 Oceangate, 15th Floor	Long Beach, CA 90802
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			08/13

8. Name and Address of Current Registered Agent

**Corporation Service Company
1201 Ways Street
Tallahassee, FL 32301-0225**

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 David Farber
**DAVID FARBER
ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date **7/21/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Michael S. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(562) 528-7406**
Daytime Phone #

CR2E040 (1/98)