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# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # F97000000713**

1. Entity Name  
**AIR TRANSAT A.T. INC.**



**FILED**  
2008 NOV -4 PM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11/04/08--01008--003 \*\*150.00

Principal Place of Business  
**5959 COTE-VERTU BLVD  
MONTREAL INT'L AIRPORT  
MONTREAL QUEBEC, H4S -2E6**

Mailing Address  
**5959 COTE-VERTU BLVD  
MONTREAL INT'L AIRPORT  
MONTREAL QUEBEC, H4S -2E6**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



**6. Name and Address of Current Registered Agent**

**ROY, CELINE  
300 TERMINAL DRIVE #54  
FORT LAUDERDALE, FL 33315**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**300 TERMINAL DRIVE - TERMINAL 4**  
City **FORT LAUDERDALE** FL Zip Code **33315**

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 CELINE ROY DATE October 29<sup>th</sup> 2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS LONGPRE, MARTIN 59, HILLCREST POINTE-CLAIRE, QUEBEC, CA h9s 5e6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANMARC EUSTACHE 300 LEO-PARISEAU, 6th FLOOR MONTREAL, QUEBEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUREAU, PHILIPPE 12, PAGNUELO STREET MONTREAL, QUEBEC, CA h2v 3b9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONTURNER 5959 COTE-VERTU BLVD MONTREAL QUEBEC H4S 2E6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETRIN, DENIS 32, DE MAINTENON BLAINVILLE, QUEBEC, CA J7B1M6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON GREENE 5959 COTE-VERTU BLVD MONTREAL, QUEBEC H4S 2E6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, ALLEN B 40 HUDSON CLUB RIGAUD, QUEBEC, CANADA, j0p 1p0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMON LAVOIE 5959 COTE-VERTU BLVD MONTREAL QUEBEC H4S 2E6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OAS GAUTREAU, LINDA 197, KENSINGTON BEACONSFIELD, QUEBEC, CA h9w 2j5 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUZANNE VIENS 5959 COTE-VERTU BLVD MONTREAL QUEBEC, H4S 2E6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTE, JEAN 156 DE GAULLE LORRAINE, QC, CANADA, j6z3z3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESMOND RYAN 5959 COTE-VERTU BLVD MONTREAL QUEBEC H4S 2E6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] DATE 10/29/2008 DAYTIME PHONE # (514) 906.0330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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October 31, 2008

Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee Florida  
32301 USA

Re : 2008 Profit Corporation Reinstatement

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Madam, Sir,

Please find enclosed the filing of Air Transat's annual report for 2008.

Please note that our corporation had not received a prior notice from the Florida Department of State in regards with the filing of this report. Therefore, the registration of the corporation might have been revoked and we would now like to proceed with its reinstatement immediately.

Do not hesitate to contact the undersigned should you require further information in order to complete the reinstatement of Air Transat A.T. Inc.

Best Regards,

Annie McGinnis  
Paralegal  
Air Transat A.T. Inc.