

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 15 AM 4:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **F98000003714**

1. Corporation Name

AIRTRAN HOLDINGS, INC.

Principal Place of Business

Mailing Address

9955 AIRTRAN BLVD
 ORLANDO FL 32827

9955 AIRTRAN BLVD
 ORLANDO FL 32827

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/29/1998	
City & State		City & State		5. FEI Number	
Zip		Country		58-2189551	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 AIRTRAN BLVD	ORLANDO FL 32827
PRES	ROBERT	9955 AIRTRAN BLVD	ORLANDO FL
COO	FORNARO, ROBERT	9955 AIRTRAN BLVD	ORLANDO FL
SRUP	LANGELOT, DAVID	9955 AIRTRAN BLVD	ORLANDO FL
CFO	GADEX, STANLEY	9955 AIRTRAN BLVD	ORLANDO FL
SRUP	MAGURNO, RICHARD	9955 AIRTRAN BLVD	ORLANDO FL
			200004640002--2 -10/17/01--01067--018 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

Suite, Apt., Etc.

REINSTATEMENT 01/18

State
FL

Zip Code

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

Connie 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Magurno
RICHARD P. MAGURNO 10/12/01

Date

Daytime Phone #

407-251-5581

CR2E040 (8/01)