

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133647

1. Corporation Name

AIR TRANS MARINE, INC.

2. Principal Office Address

4422 N. W. 74TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

City & State

SAME

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

36-4518904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BERTA P. TORAL

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

905 SULTAN AVENUE

200026368742

01/07/04--01048--001 **158.75

Suite, Apt. #, Etc.

City

OPA LOCKA

State

FL

Zip Code

33054

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Berta P. Toral

Date

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|---------------------|
| P/D | BERTA P. TORAL | 905 SULTAN AVENUE | OPA LOCKA, FL 33054 |
| S | JANETH BENITEZ | 4422 NW 74TH AVENUE | MIAMI, FL 33166 |
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10. 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:

Berta P. Toral

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/04

Date

Daytime Phone #

CR2E081 (10/02)

AIR TRANS MARINE, INC.
4422 N. W. 74th AVENUE,
MIAMI, FL. 33166

Miami Florida

January 6th 2004.

Florida Department of State
Division of Corporation.
P. O. Box 6327
Tallahassee, Fl. 32314

Re: 2003 Uniform Business Report
Corporate #P020000133647
Air Trans Marine, Inc.

Dear Sir;

Enclosed please find 2003 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # ~~1387~~ for the amount of \$158.75, to paid the above Annual fee and for year 2003.

Please accept this payment, because we do not have any knowledge about the existence of such fees, and I never get any notice., Please change and any communication send it to my new address is:

AIR TRANS MARINE, INC. 4422 N. W. 74th AVENUE, MIAMI, FL. 33166.

I will make sure that this fee in the future this will be paid on time.

If you need any more information please do not hesitate to contact me.

Sincerely yours,
AIR TRANS MARINE, INC

Berta J. Toral

BERTA TORAL.

President.