


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN -6 AM 9:29

DOCUMENT #

1. Corporation Name
P21439
ABX AIR, INC.

2. Principal Office Address
145 HUNTER DRIVE

3. Mailing Office Address
145 HUNTER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: TAX DEPT

City & State
WILMINGTON, OHIO

City & State
WILMINGTON, OHIO

Zip
45177

Country

Zip
45177

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
91-1091619

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name
THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.
SUITE 105

City
TALLAHASSEE

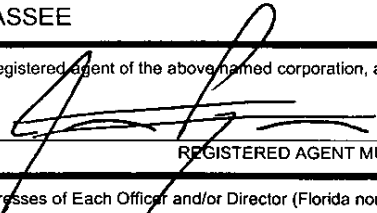
State
FL

Zip Code
32301

700055828647
06/06/05 01055 012 **900.00

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



REGISTERED AGENT MUST SIGN

Date 6-2-05

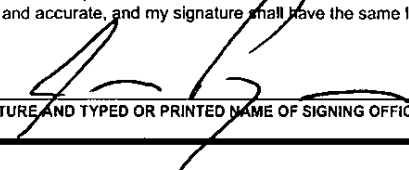
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JOSEPH C. HETE	145 HUNTER DRIVE	WILMINGTON, OH 45177
SVP	DENNIS A. MANIBUSAN	145 HUNTER DRIVE	WILMINGTON, OH 45177
SVP	ROBERT J. MORGENFELD	145 HUNTER DRIVE	WILMINGTON, OH 45177
CS	W. JOSEPH PAYNE	145 HUNTER DRIVE	WILMINGTON, OH 45177
SVP	THOMAS W. POYNTER	145 HUNTER DRIVE	WILMINGTON, OH 45177
CFO	QUINT O. TURNER	145 HUNTER DRIVE	WILMINGTON, OH 45177

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



6-2-05 (937) 582-5591

Date

Daytime Phone #

CR2E081 (01/05)