

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 997000045947

1. Corporation Name
AIRTRANS INTERNATIONAL AIR CARGO

REINSTATEMENT

04-07

2. Principal Office Address - No P.O. Box #
8131 VINELAND RD
SUITE 326

3. Mailing Office Address
SAME

CR2E081 (1/07)

Suite, Apt. #, etc.
326

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 3/07/95

City & State
ORLANDO

City & State

5. FEI Number
31-1429992

Applied For
Not Applicable

Zip Country
32821 ORANGE

Zip Country
1

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

7. Name and Address of Current Registered Agent

Name
~~Eliza Combs~~ Eliza Combs
Street Address (P.O. Box Number is Not Acceptable)
~~569 Boston Street~~ 569 Stockton St
Suite, Apt. #, Etc.
City
North Fort Meyers State FL Zip Code 33903

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Eliza Combs* REGISTERED AGENT MUST SIGN

Date 6/25/07

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
<u>P</u>	<u>Wesley L. King</u>	<u>407 VINE ST #197 CINCINNATI, OH 45201</u>	<u>CINCINNATI, OH 45201</u>

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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 contained in Chapter 119, 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: *Wesley L. King* Date June 22 2007 800-800-8926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #