


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JUN -3 AM 9:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000045947**

1. Corporation Name
AIRTRANS INTERNATIONAL AIR CARGO, INC.

400009500854
 04/22/03--01072--027 **150.00



Principal Place of Business	Mailing Address
12179 SOUTH APOPKA VINELAND RD. SUITE 301 ORLANDO FL 32836	12179 SOUTH APOPKA VINELAND RD. SUITE 301 ORLANDO FL 32836

REINSTATEMENT 02-03

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.		05/22/1997	
City & State		City & State		5. FEI Number	
Zip		Country		31-1429992	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
P	KING, WESLEY L	1123 BATTLE RIDGE ROAD	INDEPENDENCE KY 41051
			400009500854 12/13/02--01021--016 **600.00
			400009500854 06/04/03--01005--007 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PROCTOR, SOL H 1015 BLACKSTONE BUILDING JACKSONVILLE FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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. or 617.0505, F.S.

Signature of Registered Agent *X*  REGISTERED AGENT MUST SIGN Date 12-4-02

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)(f), 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 Date 11-20-02 Daytime Phone # 8008008926

CR2E040 (9/02)