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 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005854

1. Corporation Name

AIRTRAN AIRWAYS, INC.

Principal Place of Business	Mailing Address
9955 AIR TRAN BLVD. ORLANDO FL 32827 US	9955 AIR TRAN BLVD. ORLANDO FL 32827 US

200004639992--7
-10/17/01--01067--016
****758.75 ****758.75

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

REINSTATEMENT 01 TS

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/1993

5. FEI Number: 65-0440712 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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 AIR TRAN BLVD.	ORLANDO FL 32827
~~PRES~~ COO	FORNARO, ROBERT	9955 AIR TRAN BLVD.	ORLANDO FL 32827
~~SR VP~~ CFO	~~LANCELOT, DAVID W~~ STANLEY J. GADEK	9955 AIR TRAN BLVD.	ORLANDO FL 32827
SR VP SEC	~~MAC KINNEY, JEFFREY T~~ RICHARD P. HAGURNO	9955 AIR TRAN BLVD.	ORLANDO FL 32827
~~SVP~~	~~HEAD, LESLIE~~	~~9955 AIR TRAN BLVD.~~	~~ORLANDO FL 32827~~
~~D~~	~~ZOLLER, ROBERT W~~	~~9955 AIR TRAN BLVD.~~	~~ORLANDO FL 32827~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~CORPORATION SERVICE COMPANY~~ ~~1201 HAYS STREET~~ ~~TALLAHASSEE FL 32301~~	Name: C.T. CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD Suite, Apt. #, Etc.: City: PLANTATION State: FL Zip Code: 33324

CR2E040 (8/01)

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: SIGNATURE REQUIRED Connie Bryan Connie Bryan, Special Asst. Secy. Date: 10-15-01
REGISTERED AGENT MUST SIGN

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 REQUIRED Richard P. Hagurno RICHARD P. HAGURNO 10/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 407-251-5581