PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 17 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 313211

1 Corporation Name
KROGEL AIR FREIGHT, INC.

Principal Place of Business	Mailing Address
~~P O BOX 620756~~	~~P O BOX 620756~~
~~ORLANDO FL 32862~~	~~ORLANDO FL 32862~~

REINSTATEMENT 1996 mwb

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
5025 Derrick Jones Rd.	5025 Derrick Jones Rd.
Suite, Apt. #, etc. Suite 120	Suite, Apt. #, etc. Suite 120
City & State College Park, GA	City & State College Park, GA
Zip 30349 Country USA	Zip 30349 Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 01/31/1967

5. FEI Number: 59-1158267 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~P~~	~~GREENFIELD, STEVE~~	~~2132 STONE HOLLOW CT~~	~~MARIETTA GA~~
P	Dennis Bakal	5025 Derrick Jones Road	College Park, GA 30349

400002031984--0
-12/18/96--01017--021
~~****375.00~~ ~~****375.00~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
APPLETON, MICHAEL J 1031 W. MOUSE BLVD. STE. 105 WINTER PARK FL 32790	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road Suite, Apt. #, Etc.: City: Plantation State: FL Zip Code: 33324

CR2E040 (7/96)

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: JENNIFER F AULTMAN ASSISTANT SECRETARY Date: 12-16-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12 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: Dennis A Bakal, Dennis Bakal 12/11/96 (770)907-3360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COBBS AF