

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC -8 PM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 576126

1. Corporation Name

Aero Mar Travel Service, Inc.

REINSTATEMENT 03

2. Principal Office Address

980 Awald Road

3. Mailing Office Address

980 Awald Road

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Annapolis, Maryland

City & State

Annapolis, Maryland

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1978

5. FEI Number

591829515

Applied For

Not Applicable

Zip

21403

Country

USA

Zip

21403

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper
REGISTERED AGENT MUST SIGN

Deborah D. Skipper
Asst. V. Pres.

Date

12/18/03

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
PD	Chris Gordon	980 Awald Road, Suite 302	Annapolis, Maryland 21403
SD	Peter Cook	980 Awald Road, Suite 302	Annapolis, Maryland 21403
			200025324792

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:

Peter Cook

Peter Cook

11/25/03

410-280-2553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE081 (1/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 348059 7116579

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 750.00

ORDER DATE : December 5, 2003

ORDER TIME : 10:03 AM

ORDER NO. : 348059-005

CUSTOMER NO: 7116579

CUSTOMER: Ms. Aileen Donovan Collender
Miles & Stockbridge
10 Light Street

Baltimore, MD 21202

DOMESTIC FILINGS

NAME: AERO MAR TRAVEL SERVICE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
03 DEC -8 PM 1:12

RECEIVED