

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 PM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 576126

**1. Corporation Name**

Aero Mar Travel Service, Inc.

**REINSTATEMENT** 03

**2. Principal Office Address**

980 Awald Road

Suite, Apt. #, etc.

Suite 302

City & State

Annapolis, Maryland

Zip

21403

Country

USA

**3. Mailing Office Address**

980 Awald Road

Suite, Apt. #, etc.

Suite 302

City & State

Annapolis, Maryland

Zip

21403

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/19/1978

**5. FEI Number**

591829515

Applied For

Not Applicable

**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*

Deborah D. Skipper  
Asst. V. Pres.

Date 12/8/03

REGISTERED AGENT MUST SIGN

**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 :

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 \_\_\_\_\_

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