

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JAN 13 PM 12:47

DOCUMENT # F00000002161

1. Corporation Name

TRANSMERIDIAN AIRLINES, INC.

2. Principal Office Address

420 Thornton Road

Suite, Apt. #, etc.

Suite 101

City & State

Lithia Springs, GA

Zip

30122

Country

USA

3. Mailing Office Address

420 Thornton Road

Suite, Apt. #, etc.

Suite 101

City & State

Lithia Springs, GA

Zip

30122

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/2000

5. FEI Number

76-0451934

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

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

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

*Shelley Savage*  
REGISTERED AGENT MUST SIGN

Shelley Savage  
Vice President

Date

1-9-04

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
DIR CEO	Robert Binns	4491 Jenkins Way	Douglasville, GA 30135
COO	Charlie McDonald	4295 Rosestone Court	Douglasville, GA 30135
VP	Edward S. Greenfield	511 London Way	Lithia Springs, GA 30122
VP	Billy J. Smith	1202 London Way	Lithia Springs, GA 30122
DIR	Richard Oster	4 Embarcadero Center, #3540	San Francisco, CA 94111
DIR	Allen Della	4 Embarcadero Center, #3540	San Francisco, CA 94111
DIR	Scott Weiss	4 Embarcadero Center, #3540	San Francisco, CA 94111

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:

*Robert Binns*

Robert Binns, CEO

Date

12/29/03

Daytime Phone #

770-732-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)