

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009209046

11/25/02--01086--004 **150.00



DOCUMENT # F00000006390

1. Corporation Name

GEMINI AIR CARGO, INC.

Principal Place of Business

WASHINGTON DULLES INTERNATIONAL AIRPORT
44965 AVIATION DRIVE, SUITE 300
DULLES VA 20166

Mailing Address

WASHINGTON DULLES INTERNATIONAL AIRPORT
44965 AVIATION DRIVE, SUITE 300
DULLES VA 20166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Attn: Finance Dept
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Attn: Finance Dept
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2000

5. FEI Number

52-2069248

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
C	STOCKBRIDGE, WILLIAM <i>Corcoran, Thomas</i>	44965 AVIATION DRIVE, SUITE 300	DULLES VA 20166
VS	KUTZKE, WILLIAM A	44965 AVIATION DRIVE, SUITE 300	DULLES VA 20166
V	LAWLOR, RAYMOND J <i>Duggelt, Brian</i>	44965 AVIATION DRIVE, SUITE 300	DULLES VA 20166
V	CARSON, CHARLES C III <i>Douglas, James</i>	44965 AVIATION DRIVE, SUITE 300	DULLES VA 20166
V	RAUL, GEORGE R III	44965 AVIATION DRIVE, SUITE 300	DULLES VA 20166
V	GARRETT, WILLIAM A	44965 AVIATION DRIVE, SUITE 300	DULLES VA 20166

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Anusha Putty

Vice President and
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 10/28/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02

Date

Daytime Phone #

CR2E040 (802)


October 25, 2002

Dear Department of State Representative:

Enclosed is a check for \$150 for our 2002 Annual Report Fee and Corporate Supplemental Fee. Please kindly waive the Reinstatement Fee as we did not receive the prior UBR notices.

We have made a correction to the corporate mailing address so that we should receive all future correspondence. Going forward, all correspondence needs to be to the attention of the Finance Department.

Thank you,



William Garrett
Sr. VP and CFO