

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000006390

Entity Name: GEMINI AIR CARGO, INC.

FILED
Jul 27, 2006
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-2069248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONALD CRESTON

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORCORAN, THOMAS
Address: 44965 AVIATION DRIVE, SUITE 300
City-St-Zip: DULLES, VA 20166

Title: PC () Delete
Name: WOODWARD, SAMUEL
Address: 44965 AVIATION DRIVE, SUITE 300
City-St-Zip: DULLES, VA 20166

Title: VT () Delete
Name: HAWK, KAREN E
Address: 44965 AVIATION DRIVE, SUITE 300
City-St-Zip: DULLES, VA 20166

Title: VS () Delete
Name: CRESTON, DONALD P
Address: 44965 AVIATION DRIVE, SUITE 300
City-St-Zip: DULLES, VA 20166

Title: V () Delete
Name: GARRETT, WILLIAM A
Address: 44965 AVIATION DRIVE, SUITE 300
City-St-Zip: DULLES, VA 20166

Title: V (X) Delete
Name: REAMY, CHRISTOPHER J
Address: 44965 AVIATION DRIVE, SUITE 300
City-St-Zip: DULLES, VA 20166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOODWARD, SAM
Address: 44965 AVIATION DRIVE, SUITE 300
City-St-Zip: DULLES, VA 20166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: KAHN, LAWRENCE
Address: 44965 AVIATION DRIVE, SUITE 300
City-St-Zip: DULLES, VA 20166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD P CRESTON

Electronic Signature of Signing Officer or Director

V

07/27/2006

Date