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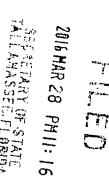
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to riting Officer.		
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Office Use Only



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C. CARROTHERS

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI		
DOCU	(Name of Corpora) MENT NUMBER: F1000003857	tion)
The en	closed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
Bor	nnie Yerry	
	(Name of Person)	_
COF	RPORATION SERVICE COMPANY	•
	(Name of Firm/Company)	
80 \$	STATE STREET	
	(Address)	_
ALE	BANY NY 12207	
	(City/State and Zip Code)	_
For fur	ther information concerning this matter, please call:	
Bor	nnie Yerry at (518	445-6500 ext63002 e & Daytime Telephone Number)
-	(Name of Person) (Area Cod	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY			
(Name of Registered Agent)			
hereby resigns as Registered Agent for GLOBAL AVIATION HOLDINGS INC.			
(Name of Corporation)			
F1000003857			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known address.			
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.			
Signature of Resigning Agent)			
If signing on behalf of an entity:			
Bonnie Yerry			
(Typed or Printed Name)			
Asst. Secretary			
(Capacity)			

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314