

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F20951		
1. Entity Name TRANS CONTINENTAL AIRLINES, INC.		

FILED
2008 DEC 31 AM 11:56

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1000 S. FEDERAL HWY SUITE 200 FORT LAUDERDALE, FL 33316	Mailing Address PO BOX 14213 FORT LAUDERDALE, FL 33302
--	--

2. Principal Place of Business - No P.O. Box # 1814 WINDERMERE DOWN PLACE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

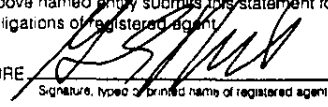
City & State WINDERMERE, FL	City & State
Zip 34786	Country USA



REINSTATEMENT
12152008 REIN-P CR2E098 (1/07)

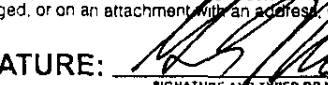
6. Name and Address of Current Registered Agent KAPILA, SONEET R TRUSTEE 1000 S. FEDERAL HWY SUITE 200 FORT LAUDERDALE, FL 33316	
--	--

7. Name and Address of New Registered Agent Name MILLS, GEORGE E. Street Address (P.O. Box Number is Not Acceptable) 1814 WINDERMERE DOWN PLACE City WINDERMERE FL Zip Code 34786	
--	--

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 12/29/08 (NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. KAPILA, SONEET R TRUSTEE 1000 S. FEDERAL HWY, SUITE 200 FORT LAUDERDALE, FL 33301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, GEORGE E. P.O. BOX 995 GOTHA, FL 34734-0995 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS MILLS, GEORGE E. P.O. BOX 995 GOTHA, FL 34734-0995 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139408629 12/31/08--01087--010 **750.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 12/29/08 Date	DAYTIME PHONE # Daytime Phone #
---	--------------------------	------------------------------------