

F95000003782

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

400000152534014
-00/04/95--01044--007
*****78.75 *****78.75

SUBJECT: ATLANTIC WORLD AIRWAYS, INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARK BLANTON
(Name of Person)

ATLANTIC WORLD AIRWAYS, INC.
(Firm/Company)

3905 AERO PLACE, HANGAR 5
(Address)

LAKELAND, FLORIDA 33811
(City/State/Zip)

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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FILED

mtm

Should you need to call someone concerning this matter, please call:

MARK BLANTON at (813) 961-3548
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. ATLANTIC WORLD AIRWAYS, INCORPORATED
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. 59-2635301
(FBI number, if applicable)
4. JULY 7th, 1995
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3905 AERO PLACE, HANGAR 5
LAKELAND, FLORIDA 33811
(Current mailing address)
8. SCHEDULED AIR CARRIER / SCHEDULED AIRLINE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: MARK BLANTON
Office Address: 3905 AERO PLACE, HANGAR 5
LAKELAND, Florida, 33811
(Zip Code)
10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mark A. Blanton
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: MARK A. BLANTON
Address: 16734 WHIRLEY ROAD LUTZ, FL. 33549
Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: MARK A. BLANTON
Address: 16734 WHIRLEY ROAD LUTZ, FL. 33549

Vice President: _____
Address: _____

Secretary: MARK A. BLANTON
Address: 16734 WHIRLEY ROAD LUTZ, FL. 33549

Treasurer: MARK A. BLANTON
Address: 16734 WHIRLEY ROAD LUTZ, FL. 33549

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mark A. Blanton
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PRESIDENT / CEO
(Typed or printed name and capacity of person signing application)

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF INCORPORATION OF "ATLANTIC WORLD
AIRWAYS, INC.", FILED IN THIS OFFICE ON THE SEVENTH DAY OF JULY,
A.D. 1995, AT 9 O'CLOCK A.M.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 7585542

DATE: 07-26-95

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Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Atlantic World Airways, Inc. EIN or SS#: _____
C/O MARK BLANKIN

Address: 3405 APO PLCE, Hanger 5
Lakeland, FL 33811

Amount: \$233.75 Date Paid 8/13/96

Reason for claim: Multiple Annual Reports filed in error.

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Leslie Sellers

Certified true and correct this 5th day of SEPTEMBER, 19 96.

Signature Mark A. Blankin PRESIDENT/CEO

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>233.75</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on	
State Treasurer's Receipt No. <u>977881019</u>	dated <u>8/13/96</u>
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)