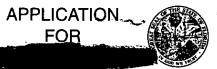
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PACINE



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOC	UME	NT	#
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G44823

1. Corporation Name

ATSG CO.

Principal Place of Business

Mailing Address

	F	ILE	ΞĎ		
01	OCT	19	PH	2:	18
SEC TALL	FILED O1 OCT 19 PM 2: 16 SECRETARY OF STATE ALLAHASSEE, FLORIDA				

9200 S DADELAND BLVD #720 9200 S DADE MIAMI FL 33156 MIAMI FL 331			ELAND BLVD #720 156						
Suite, Apt. #, etc. Suite, Apt.		3. New Mail. Suite, Apt. #, City & State	illing Office Address, If Applicable #, etc.		4. Date Inderporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. \$8.75 Additional Fee require				
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	orida nonprofi	it corpora	tions must list at lea		FOR STATUS DESIRED L.1	ate of Status
Title(s)	Name of Officers		Street Address of Each Officer and/or Director			City / State / Zip			
DCP	CHERRNAY, ROBERT		9875 SW 93RD AVE		MIAMI, FLC 00000				
T	DEVLIN, KIMBERLY		16031 SW 286 STREET		MIAMI FL				
\$	CHERRNAY, PAULINE		9875 SW 93RD AVE		MIAMI FL 33176				
٧	ENGLAND, DALE			9711 N FARM RD STE 205		FAIR GROVE M 65648			
								URAL	
	8. Nam	e and Address of Current I	Registered Age	ent			9. Name and Address of New Registered Agent		
9990 S Suite		. L. Ue, suite 313			•	Street Address (P Suite, Apt. #, Etc.	5. bashumas	is Net Acceptable)	770
10. I, being	appointed the	e registered agent of the abo	ve named corpo	oration, am fa	ımiliar wi	th and accept the ob	ligations of Secti	1.5 -	///,/
Signature o	of Agent	dwin (2) × / \	GISTERED AG			5 5 5 5 5 5 6 7 7 9		Date ///	

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

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/1401 301 6/14/61
Daytime Phone #



AUTOMATIC TRANSMISSION SERVICE GROUP

Suite 720 • 9200 S. Dadeland Boulevard • Miami, Florida 33156

October 16, 2001

Division of Corporations RE: G44823

Reinstatement Application

Please find the enclosed application filled out and signed, this letter is to request the waiver of fees. If there is any problem please contact our offices, if we do not hear from you then we will only be able to assume this had been acceptable.

We submitted our report and check on May 29th, the check was for \$550.00, check number 2463. This check was cashed; we assumed that our report had been received and accepted.

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We received a notice in the beginning of June stating the problem with our registered agent being out of state, we corrected this problem and forwarded the report-back to your office.

Upon calling today, I was told that there was an additional notice sent out that the agents signature was needed, we never received this correspondence. If we had we would have gladly remitted it.

Until receiving this application for reinstatement we were unaware of any dissolution. During this time our check was cashed and we at no time received any information your records were not complete.

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