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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:58

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

95-03482

**DOCUMENT # L54852**

1. Corporation Name

INTERNATIONAL TRANSPORT OF AIR CARGO, INC.

2. Principal Office Address

4113 WEST TACON ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33629

Country

HILLSBOROUGH

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/1/1990

5. FEI Number

59-2996482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

95-03482

**7. Name and Address of Current Registered Agent**

Name

PAMELA KEATING

Street Address (P.O. Box Number is Not Acceptable)

4113 WEST TACON STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

100018467491

05/07/03 01109 021 \*\*146.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

P. S. Keating

REGISTERED AGENT MUST SIGN

Date 4-23-03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PAMELA KEATING	4113 WEST TACON STREET	TAMPA, FL 33629

10. 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:

PAMELA KEATING

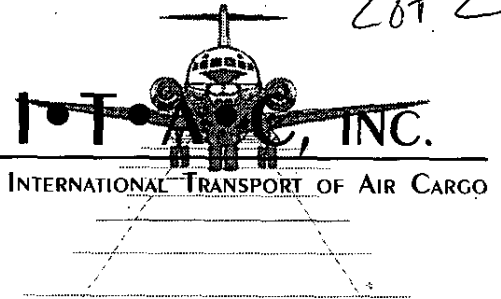
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-03

Daytime Phone #

CR2081 (10/02)



April 23, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I did not receive a 1995 UBR 1<sup>st</sup> or 2<sup>nd</sup> notice. Please waive the \$600.00 reinstatement fee. Enclosed, please find my reinstatement form and a check in the amount of \$1,465.00 covering UBR fees for the years 1995-2003.

Sincerely,

Pamela Keating