

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION -
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -2 AM 11:41

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

600162404386
11/02/09--01045--021 **758.75

DOCUMENT # M17337

1. Corporation Name

Master Air Cargo, Inc.

2. Principal Office Address - No P.O. Box #

3900 NW 79th Ave

Suite, Apt. #, etc.

Suite 236

City & State

Miami, Florida

Zip

33166

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/1985

5. FEI Number
59-2604664

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Myron H. Budnick *Eag.*

Street Address (P.O. Box Number is Not Acceptable)
16420 NE 30th Ave.

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33160

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Myron H. Budnick

REGISTERED AGENT MUST SIGN

Date 10/22/2009

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/D	Anna Maria Faraci	3900 NW 79th Ave.	Miami, FL 33160
VP/D	Hector Faraci	3900NW 79th Ave.	Miami, FL 33166

REINSTATEMENT

0509 *[Signature]*

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 contained in Chapter 119, 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: *[Signature]*

Hector Faraci

10/22/2009

786-845-7090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #