

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016432

1. Corporation Name

MAJESTIC AIR FREIGHT, INC.

2. Principal Office Address

7644 HERRICKS LOOP

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32835

Country

USA

3. Mailing Office Address

7644 HERRICKS LOOP

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32835

Country

USA

REINSTATEMENT 03-05
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

2/13/2002

5. FEI Number

300042773

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

ABDOOL HABIB BACCHUS

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

7644 HERRICKS LOOP

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

Abdool H. Bacchus

Date

3/15/05

REGISTERED AGENT MUST SIGN

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
VP	SAIRAH N. BACCHUS	7644 HERRICKS LOOP	ORLANDO, FL 32835
P	ABDOOL H. BACCHUS	7644 HERRICKS LOOP	ORLANDO, FL 32835

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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:

Abdool H. Bacchus

3/15/05

407-832-5642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #