AUG. 14. 2006 1:13PM NO. 0724 P. 1/3

AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 8 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000147862

1. Corporation Name

DIAMOND INTERNATIONAL AIR CARGO, INC

REINSTATEMENT 05-06

02/07/06 90020 026 *550.00
CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address c/o BPMC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5300 Atlantic Ave 106-R	
City & State		City & State Raleigh, NC	
Zip	Country	Zip 27609	Country U.S.A

4. Date Incorporated or Qualified To Do Business In Florida Oct. 2004

5. FEI Number 41-2154629 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET

500007998375
09/20/06--01040--017 *350.00

Suite, Apt. #, Etc.

City TALLAHASSEE | State FL | Zip Code 32301

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 [signature] Asst. V.P. Date 8/14/06
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
Pres.	Burroughs, Icilma	6020 Bur Trail	Raleigh, NC 27616

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] 6-30-06 919-431-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/18
ao