
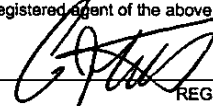
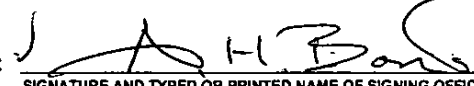


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000171561			
1. Corporation Name AIR SEA CONTAINERS, INC.			
2. Principal Office Address 2749 N.W. 82 Avenue Suite, Apt. #, etc.		3. Mailing Office Address 2749 N.W. 82 Avenue Suite, Apt. #, etc.	
City & State Miami, Florida Zip Country 33122 USA		City & State Miami, Florida Zip Country 33122 USA	
		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0604871 <input type="checkbox"/> Applied For 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name: Lott, George J.			
Street Address (P.O. Box Number is Not Acceptable): 9155 South Dadeland Boulevard			
Suite, Apt. #, Etc.: Suite 1014			
City: Miami		State: FL	Zip Code: 33156
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:  Date: 10/18/05 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
PD	Bond, Alan	2749 N.W. 82 Avenue	Miami, Fl. 33122
STD	Bond, Rosario	2749 N.W. 82 Avenue	Miami, Fl. 33122
SD	Bond, Carla	2749 N.W. 82 Avenue	Miami, Fl. 33122
D	Bond, Michael	2749 N.W. 82 Avenue	Miami, Fl. 33122
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: 		10/18/05 305-599-9123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
05 OCT 31 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05
T. Roberts OCT 31 2005
CR2E081 (8/05)

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