2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000136951

Entity Name: GEMINI CARGO LOGISTICS, INC.

FILED Nov 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1750 NW 66TH AVE., STE. 214, BUILDING 708 MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 44965 AVIATION AVE STE 300 DULLES, VA 20166 FEI Number: 52-2069248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: HOWARD L. VOLZ Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition WOODWARD, SAMUEL Name: Name: 44965 AVIATION DRIVE Address: Address: City-St-Zip: City-St-Zip: **DULLES, VA 20166** Title: Title: () Delete () Change (X) Addition Name: Name: CAPLE JOHN BAYSIDE CAPITAL, 1001 BRICKELL BAY DRIVE Address: Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition WILSON, MATTHEW Name: Name: BAYSIDE CAPITAL, 1001 BRICKELL BAY DRIVE Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: () Change (X) Addition BOLDUC, JOHN Name: Name: Address: Address: BAYSIDE CAPITAL, 1001 BRICKELL BAY DRIVE City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: Title: () Change (X) Addition () Delete MNAYMNEH, SAMI Name: Name: Address: BAYSIDE CAPITAL, 1001 BRICKELL BAY DRIVE Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: () Change (X) Addition CRESTON, DONALD Name: Name: 44965 AVIATION DRIVE, SUITE 300 Address: Address: City-St-Zip: City-St-Zip: DULLES, VA 20166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD P. CRESTON VP,S 11/29/2006