
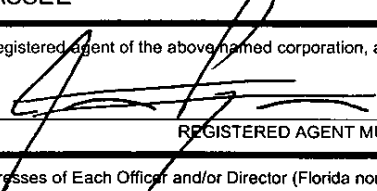
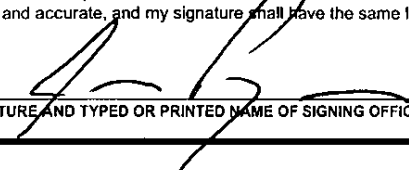


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 JUN -6 AM 9:29	
DOCUMENT # 1. Corporation Name P21439 ABX AIR, INC.					
2. Principal Office Address 145 HUNTER DRIVE		3. Mailing Office Address 145 HUNTER DRIVE		REINSTATEMENT 04-05 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 91-1091619 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: TAX DEPT			
City & State WILMINGTON, OHIO		City & State WILMINGTON, OHIO			
Zip 45177	Country	Zip 45177	Country		
7. Name and Address of Current Registered Agent					
Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.					
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET					
Suite, Apt. #, Etc. SUITE 105					
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  REGISTERED AGENT MUST SIGN					
Date <u>6-2-05</u>					
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	JOSEPH C. HETE	145 HUNTER DRIVE	WILMINGTON, OH 45177		
SVP	DENNIS A. MANIBUSAN	145 HUNTER DRIVE	WILMINGTON, OH 45177		
SVP	ROBERT J. MORGENFELD	145 HUNTER DRIVE	WILMINGTON, OH 45177		
CS	W. JOSEPH PAYNE	145 HUNTER DRIVE	WILMINGTON, OH 45177		
SVP	THOMAS W. POYNTER	145 HUNTER DRIVE	WILMINGTON, OH 45177		
CFO	QUINT O. TURNER	145 HUNTER DRIVE	WILMINGTON, OH 45177		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>6-2-05</u> (937) 582-5591 Daytime Phone #					

CR2E081 (01/05)