(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 JUL 31 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/04/97--01103--016
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DOCUMENT # P95000094620

REINSTATEMENT 96 108 7/31/97

1. Corporation Name

Chalk's Air Bridge, Inc.

Principal Place of Business / Mailing Address

230 Fifth Street
Miami Beach, Florida 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / County

4. Date Incorporated or Qualified To Do Business in Florida: 12/13/95

5. FEI Number: 650 650 626 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $30.75 Additional Charge for a Certified Copy

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	4 City / State / Zip
D, VP, S, T	Andrew R. Weston	2333 Ponce de Leon Blvd. Penthouse 1100	Coral Gables, FL 33134
VP	William J. Jones	Chalk's Terminal	Watson Island, FL 33131
D	Charles Frank Slagle	320 Dock St., Suite 222	Ketchikan, AL 99901
D	Terrance Hickman	9300 N.W. 36 Street	Miami, FL 33178
D	Craig Robins	230 Fifth Street	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Linda Ebin
Street Address (P.O. Box Number is Not Acceptable): 1399 S.W. First Avenue
Suite 400
City: Miami — State: FL — Zip Code: 33130

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent: See attached page for Signature — Date: 7/31/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

12. 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: _____ 07/31/97 (305) 373-1120
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON, OFFICER OR DIRECTOR — Date — Daytime Phone #
Craig Robins, Director — Ext. 106

JUL. 31. 1997 1:12PM JUNB/SL NO. 467 P. 2/2

(2)

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Zip / County

4. Date Incorporated or Qualified To Do Business in Florida: 12/13/95

5. FEI Number: 650 650 626 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $9.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number(s)) 3	City / State / Zip 4
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VP	William J. Jones	Chalk's Terminal	Watson Island, FL 33131
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Date: 7/31/97

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SIGNATURE: Craig Robins, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/31/97
Date

(305) 373-1120 Ext. 106
Daytime Phone #