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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 79000085348

1. Corporation Name
 AIR TRANSPORT, INC.

500004778185--6
-01/16/02--01053--006
****900.00 ****900.00

2. Principal Office Address
 729 NW 1st St.
 Suite, Apt. #, etc.

3. Mailing Office Address
 Suite, Apt. #, etc.

City & State
 Fort Lauderdale FL

City & State

Zip 33311 **Country** BROWARD **Zip** **Country**

4. Date incorporated or Qualified To Do Business in Florida 10/02/97

5. FEI Number 650811107 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

0-02

7. Name and Address of Current Registered Agent

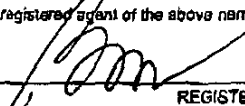
Name LAW OFFICES OF BARTON S. STROCK, P.A.

Street Address (P.O. Box Number is Not Acceptable) 6600 TAFT ST. SUITE 420

Suite, Apt. #, Etc.

City HOLLYWOOD **State** FL **Zip Code** 33024

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.

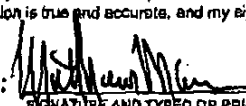
Signature of Registered Agent  **Date** 1/7/02

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
P/D	MATTHEW MARSENISON	729 NW 1st St.	Ft. Lauderdale FL 33311

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 118.07(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:  **MATTHEW MARSENISON, President** **Date** 1/7/02 **Daytime Phone #** 954-763-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2001 (8/00)