FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
*Secretary of State*
DIVISION OF CORPORATIONS

DOCUMENT # S18615

REINSTATEMENT 03

1. Corporation Name

Trans-Cargo Atlantic, Inc.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 252 Ardice Ave | 252 Ardice Ave |
| Suite, Apt. #, etc. #108 | Suite, Apt. #, etc. #108 |
| City & State Eustis, FL | City & State Eustis, FL |
| Zip 32726 Country USA | Zip 32726 Country USA |

4. Date It Incorporated or Qualified To Do Business In Florida 12/11/90

5. FEI Number 52-1709024 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road,

Suite, Apt. #, Etc.

City: Plantation — State: FL — Zip Code: 33324

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: CONNIE BRYAN — REGISTERED SPECIAL ASSISTANT SECRETARY — Date

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

| Title | Name of Officer and/or Director | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P/T/D V | Azam Khan | 10800 Piney Point Road | Great Falls, VA 22066 |
| | | | |
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10. I certify that I am an officer or director of the reviver 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 complies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the name and address 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: Azam Khan 10/22/03 703-661-7061

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

JK

# Florida Department of State

## Division of Corporations

Public Access System

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# CORPORATION REINSTATEMENT

## TRANS-CARGO ATLANTIC, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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| Estimated Charge | $758.75 |

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