
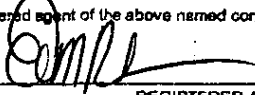



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S74552 1. Corporation Name Antillas Air Freight, Inc.			
2. Principal Office Address 1601 N.W. 72 Avenue Suite, Apt. #, etc. Cargo Building 36 City & State Miami, Florida Zip 33122		3. Mailing Office Address Post Office Box 300348 Suite, Apt. #, etc. City & State Jamaica, New York Zip 11430	
4. Date Incorporated or Qualified To Do Business in Florida 08/20/1991		5. FEI Number 650291985	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name Evan R. Marbin, Esq. Street Address (P.O. Box Number is Not Acceptable) 48 East Flagler Street Suite, Apt. #, Etc. Penthouse 104 City Miami			
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 10/2/03	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gorospe, Constantino M.	6 Lorraine Court	Medford, NY 11763
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)(d), 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:  CONSTANTINO GOROSPE			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/1/03	Daytime Phone # 917-6855

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 OCT -9 PM 12:32

REINSTATEMENT

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