

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 17 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** F99000002798

1. Corporation Name  
**Kitty Hawk Cargo, Inc.**

2. Principal Office Address <b>1515 W. 20th Street</b>		3. Mailing Office Address <b>1515 W. 20th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DFW Intl. Airport, Texas</b>		City & State <b>DFW Intl. Airport, Texas</b>	
Zip <b>75621</b>	Country	Zip <b>75621</b>	Country

4. Date Incorporated or Qualified To Do Business in Florida **6/1/1999**

5. FEI Number <b>752814744</b>	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  See Instructions for preparation of a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**C T 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 617.0505, F.S.

Signature of Registered Agent Michael E. Jones Michael E. Jones Date 2/23/2005

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
	See Attachment		

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)(f), 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] **972-456-2328**

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

Attachment



**Officers & Directors**

- 
1. Full Name: Bob Zoller  
 Officer/Director: Officer,Director  
 Officer's Title: President & CEO  
 Business Address: 1515 W. 20th Street  
 City: DFW International Airport  
 State: TX  
 ZIP Code: 75261
  
  2. Full Name: Toby Skaar  
 Officer/Director: Officer  
 Officer's Title: Vice President & COO  
 Business Address: 1515 W. 20th Street  
 City: DFW International Airport  
 State: TX  
 ZIP Code: 75261
  
  3. Full Name: Steve Markhoff  
 Officer/Director: Officer  
 Officer's Title: Vice President & Secretary  
 Business Address: 1515 W. 20th Street  
 City: DFW International Airport  
 State: TX  
 ZIP Code: 75261
  
  4. Full Name: Randy Leiser  
 Officer/Director: Officer  
 Officer's Title: Vice President, CFO & Treasurer  
 Business Address: 1515 W. 20th Street  
 City: DFW International Airport  
 State: TX  
 ZIP Code: 75261

Florida Department of State  
Division of Corporations  
Public Access System

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CORPORATION REINSTATEMENT

KITTY HAWK CARGO, INC.

Certificate of Status	1
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