

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F02000002184**

1. Corporation Name

**BEDFORD AIRCRAFT LEASING COMPANY**

Principal Place of Business

Mailing Address

115 EAST PUTNAM AVE.  
 GREENWICH CT 06830

115 EAST PUTNAM AVE.  
 GREENWICH CT 06830

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*P.O. Box 026662*  
*Miami FL*  
*33102 USA*

4. Date Incorporated or Qualified To Do Business in Florida

*05/02/2002*

5. FEI Number

*02-0591328*

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**FILED**  
 03 OCT 31 PM 4:18

**REINSTATEMENT** SECRETARY OF STATE  
 10/30/03 01070001750



900024296129  
 10/31/03--01002--001 \*\*35.00

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPT	CAMERON, DORT A III	115 EAST PUTNAM AVE.	GREENWICH CT 06830
S	CAMERON, SETH M	115 EAST PUTNAM AVE.	GREENWICH CT 06830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLLE, DENNIS J ESQ  
 2601 S. BAYSHORE DR., STE. 1600  
 MIAMI FL 33133

Name: *Richard L. Richards*  
 Street Address (P.O. Box Number is Not Acceptable): *1740 N.W. 69th Ave.*  
 Suite, Apt. #, Etc.: *Attn: Legal Department*  
 City: *Miami* State: *FL* Zip Code: *33126*

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*10/28/03*

11. 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:

*[Signature]*

*Frank Visconti, President*

Date

Daytime Phone #

*CEO*  
*10/28/03 (305) 871-5555*

CR2E040 (7/03)