

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JUN -8 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G38784**

1. Corporation Name

ORBITAL LEASING INC.
36446 LESLYE LANE
EUSTIS FL 32726

2. Principal Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 1, 1983

5. FEI Number

59-2290392

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES DONALDSON

Street Address (P.O. Box Number is Not Acceptable)

36446 LESLYE LANE

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32736

400003296904-6

-06/20/00--01045--010

******308.75 ****308.75**

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

James Donaldson
REGISTERED AGENT MUST SIGN

Date **JUNE 6-00**

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
PRES	JAMES DONALDSON	36446 LESLYE LANE	EUSTIS FL 32726
SECRETARY	ELIZABETH DONALDSON	36446 LESLYE LANE	EUSTIS FL 32726

REINSTATEMENT 9900

MR. MILLIGAN JUN 15 2000

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)(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:

James Donaldson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DONALDSON

MAY 8 2000

Date

Daytime Phone #

352 589 0159

CR2E081 (9/99)