

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:40

DOCUMENT # **H45424**

1. Corporation Name

AIR SAL LEASING, INC.

Principal Place of Business

Mailing Address

14005 SW 127TH STREET
TAMiami AIRPORT
MIAMI FL 33186

14005 SW 127TH STREET
TAMiami AIRPORT
MIAMI FL 33186

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1985

5. FEI Number

59-2646745

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SKINNER, BURR W.	10950 S.W. 32 ST.	MIAMI FL

300023967003
10/21/03--01044--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SKINNER, BURR W.
14005 S.W. 127 ST.
MIAMI FL 33186

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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

Burr W. Skinner
REGISTERED AGENT MUST SIGN

Date 10-15-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burr W. Skinner
Pres.

Date

10-15-03

Daytime Phone #

305-251 1982

CR2E040 (7/03)

Air Sal Leasing Inc.



4359 S.W. 127th Street
Tamiami Airport
Miami, Florida 33186
U.S.A.

Ph: (305) 251-1982
Fax: (305) 251-1966

October 15th, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Glenda E. Hood
Secretary of State

Mrs. Hood,

I hereby request to be waived the fee for the reinstatement of Air Sal Leasing, Corporation. The corporation did not receive the prior uniform business report notices (UBR), therefore never filed one.
Attached please find the filled application in addition to the \$150.00 filling fee.

Thanking you in advance for your cooperation and prompt response,

B.W. Skinner
President