## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

FT. LAUDERDALE FL 33309

H81729

1. Corporation Name

NAPLES AIRCRAFT LEASING, INC.

Principal Place of Business 1641 S. Perimeter Rd. #34 1575-W-COMMERCIAL BLVD, HANGAR 34 Mailing Address

1641 S. Perimeter Rd., #34

FT. LAUDERDALE FL 33309

FILED

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SECRETARY OF STATE FALLAHASSEE, FLORIDA



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If above a	ddresses are incorrect in any way; line t	arough incorrect in	nformation a	nd enter correction below	HEIN	SALEWIE	NI (	ノ	
New Principal Office Address, If Applicable     3. New Mai			ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida				
1641 S. Perimeter Road 1641		1641 S	. Perin	neter Road	10 20 803	iless in Florida	0/21/1985	SP	
			gar_3 <u>4</u>		5. FEI Numbe		<del>' i i i                               </del>	ied For	
					E0 40E0000				
City & State Ft. Lauderdale, FL Ft. Lau						58-1650029	Not a	Applicable	
		Zip	derdale, FL Country		<ul> <li>6. CERTIFICATE OF STATUS DESIRED, ☐ \$8.75 Additional Fee requirements for a Certificate of State</li> </ul>				
		Zip 33309		USA	<u> </u>	· · · · · · · · · · · · · · · · · · ·	en-ter	of Status	
7. Names a	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonpro	<del></del>		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Title(s)			Street Address of Each Officer and/or Director 3			\ City / State / Zip 4			
PST	LEWANDOWSKI, DONALD E		-1575 W	COMMERCIAL BLVD., H S. Perimeter Ro					
								<del>"</del>	
					6	00003469		5 12	
						****750.00	****75	0.00	
	8. Name and Address of Currer	Name and Address of New Registered Agent							
ACKERMAN, PATRICIA  1575 W. COMMERCIAL BLVD., HANGAR 34  FT. LAUDERDALE FL 33309				Donald E. Street Address (1641 S. Pe Suite, Apt. #, Etc.	Donald E. Lewandowski, Jr. Street Address (P.O. Box Number is Not Acceptable)  1641 S. Perimeter Road, 426  Suite, Apt. #, Etc.				
11.6	ODENDALE VE 00000		111	Hangar City Ft. Laude		Stat			
Signature of		bove named (a)		familiar with and accept the o	bbligations of Sec			)	
Registered .	Agent	REGISTERED AG	ENT MUST			Date OCCODE			
11. I certify	that I am an officer or director or the rec	eiver or trustee er	mpowered to	execute this application as	provided for in ch	apter 607 or 617, F.S. I furthe	er certify that wh	en filing	
this rain	statement application, the reason for dis	solution has been	eliminated.	the corporate name satisfies	s the requirement:	s of section 607.0401 or 617.6	0401, F.Ş., that :	ali fees	

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. Inturier certify that when liming 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

Donald E. Lewandowski, Jr.10/26/00

954-771-8171