Received 07/14/2004 10:35 in 01:14 on line [4] for ADM'N'STRATOR * Pg 2/2
JUL-14-04 08:02 FROM:FOURPOINTS SHERATON 3169420854 3057899201 PAGE:002/002
07/13/2004 18:52 3057899201 FOWLER WHITE BURNETT PAGE 02/02

L02000013584

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 17, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L02000013584

1. Limited Liability Company's Name
KCP Leasing + Services, LLC

2. Principal Office Address	3. Mailing Office Address
575 Madison Ave.	
Suite, Apt. #, etc. 10th Floor	Suite, Apt. #, etc.
City & State New York, NY	City & State
Zip 10022 Country USA	Zip Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 6/4/02
6. FEI Number: 01-0709718 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent
Name: Donald P. Moore
Street Address (P.O. Box Number is not acceptable): c/o Fowler White Burnett P.A., 100 S.E. 2nd Street
Suite, Apt. # Etc: 17th Floor
City: Miami State: FL Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.
Signature of Registered Agent: Donald P. Moore Date: 14 July 2004
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Ascend Aviation Group LLC	575 Madison Ave 10th FL	New York, NY 10022
Member	Ascend Aviation Funding Corp	"	"
Manager	Scot Spencer	"	"
	REINSTATEMENT 2003-2004		400039140704
		MR	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

X Signature of Managing Member/Manager: Scot Spencer Date: 7/13/04 Daytime Phone #: 917 528 0834

Typed or printed name of signee Managing Member/Manager: Scot Spencer, Manager

CSC
CORPORATION SERVICE COMPANY

L02000013584

ACCOUNT NO. : 072100000032

REFERENCE : 803809 4309914

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 205.00

ORDER DATE : July 14, 2004

ORDER TIME : 12:42 PM

ORDER NO. : 803809-005

CUSTOMER NO: 4309914

CUSTOMER: Ms. Judith Rodman
Fowler White Burnett, P.a.
17 Floor
100 Southeast 2nd Street
Miami, FL 33131

RECEIVED
04 JUL 14 PM 2:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 JUL 14 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: KCP LEASING & SERVICES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____