

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 27 AM 8:42

DOCUMENT # L05000112681

1. Limited Liability Company's Name

International Airlogic Leasing, LLC

100183717641 KS
07/27/10--01038--012 **655.00

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box #

325 Danley Dr.

3. Mailing Office Address

325 Danley Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers

City & State

Ft. Myers

Zip

33907

Country

USA

Zip

33907

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified,
To Do Business in Florida

11/22/05

6. FEI Number

20-388-0989

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sorin Lupu

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

325 Danley Ave.

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33907

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date June 10, 2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Lupu, Sorin	325 Danley Dr.	Ft. Myers, FL, 33907

11. E-mail Address: all333@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 608.406, 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.

Signature of
Managing Member/Manager

Date June 10, 2010

Daytime Phone #

239.278.0101

Typed or printed name of signing Managing Member/Manager Sorin Lupu