


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 99000006903 <small>1. Limited Liability Company's Name</small> <i>AIRCRAFT LEASING OF BOCA, LLC</i>			
<small>2. Principal Office Address</small> <i>2345 W. MAYA PALM DR.</i> <small>Suite, Apt. #, etc.</small>		<small>3. Mailing Office Address</small> <i>P.O. Box 812518</i> <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> <i>BOCA RATON, FL</i> <small>Zip</small> <i>33481</i> <small>Country</small> <i>USA</i>		<small>City & State</small> <i>BOCA RATON, FL</i> <small>Zip</small> <i>33481</i> <small>Country</small> <i>USA</i>	
<small>4. State/Country of Formation</small> <i>FL/USA</i>			
<small>5. Date Organized or Qualified To Do Business in Florida</small> <i>Oct 20 1999</i>			
<small>6. FEI Number</small> <i>65-0965630</i>			<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>7. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/> <small>\$3.00 Additional Fee required for a Certificate of Status</small>			
8. Name and Address of Current Registered Agent			
<small>Name</small> <i>CT CORPORATION System</i> 000004658430-6			
<small>Street Address (P.O. Box Number is Not Acceptable)</small> <i>1300 SOUTH PINE ISLAND RD.</i> -10730701-01012-006 ****150.00 ****150.00			
<small>Suite, Apt. #, Etc.</small>			
<small>City</small> <i>PLANTATION</i>		<small>State</small> FL	<small>Zip Code</small> <i>33324</i>
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.			
<small>Signature of Registered Agent</small> <i>Barbara A. Burke</i>		BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY <small>Date</small> <i>10-18-01</i>	
<small>REGISTERED AGENT MUST SIGN</small>			
10. Names and Street Addresses of Managing Members/Managers			
<small>Titles</small>	<small>Name of Managing Members/Managers</small>	<small>Street Address of Each Managing Member/Manager</small>	<small>City / State / Zip</small>
<i>MGR</i>	<i>LAWRENCE RAYMAN</i>	<i>2345 W. MAYA PALM DR</i>	<i>BOCA RATON, FL 33432</i>
<i>MGR</i>	<i>BIRGITTA RAYMAN</i>	<i>2345 W. MAYA PALM DR</i>	<i>BOCA RATON, FL 33432</i>
11. 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.			
<small>Signature of Managing Member/Manager</small> <i>L Ray -</i> <small>Date</small> <i>10/16/01</i> <small>Daytime Phone #</small> <i>561-414-9696</i>			
<small>Typed or printed name of signing Managing Member/Manager</small> <i>LAWRENCE RAYMAN</i>			

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

CR2E041 (9/01)