PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 NOV 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # M03000063429

1. Limited Liability Company's Name
AIRCRAFT LEASING GROUP, LLC

2. Principal Office Address	3. Mailing Office Address
15001 NW 42ND AVE	15001 NW 42ND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI
Zip: FL 33054	Zip: FL 33054
Country	Country

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 10/14/2003

6. FEI Number: 20-0186418 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee(s) may be required for certificate or Status

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

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: [signature] Jeffrey D. Butterfield Assistant Secretary Date: 11/20/06

REGISTERED AGENT MUST SIGN

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	VASQUEZ, FABIO A	15001 NW 42ND AVENUE	MIAMI, FL 33054
MGR	PEREZ, JORGE	2828 CORAL WAY, PH1	MIAMI, FL 33145
MGR	ABESS, LEONARD A	25 W. FLAGLER ST, 6TH FLOOR	MIAMI, FL 33130
		REINSTATEMENT	04-04

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 608.408, 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: [signature] Date: 11/20/06 Daytime Phone #: 305-685-1515

Typed or printed name of signing Managing Member/Manager: FABIO A. VASQUEZ

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TALLAHASSEE, FLORIDA

Florida Department of State

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LIMITED LIABILITY REINSTATEMENT

AIRCRAFT LEASING GROUP, LLC

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