PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13000004840

1. Limited Liability Company's Name
Aviation Leasing Associates, LLC

CR2E041 (1/14)

2016 FEB -9 PM 2:

FILED

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3520 Embassy Drive		500 North Dixie Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 302		Suite 302	
City & State		City & State	
West Palm Beach, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33401	USA	33146	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
October 24, 2013

6. FEI Number
46-3819072 ☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

700281986647
02/10/16--01001--001 **377.50

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 _____ Angel Nunez
REGISTERED AGENT MUST SIGN Assistant Secretary

Date 02-09-16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Scott A. Wiesman	750 3rd Avenue	New York, NY 10174
MGR	Jerry D. Willoughby	750 3rd Avenue	New York, NY 10174

11. E-mail Address: sweisman@eticocapital.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 8 FEB 2016 Daytime Phone # (707) 301-8383

Typed or printed name of signing Authorized Representative/Manager _____

CT

February 9, 2016

RECEIVED
16 FEB -9 PM 1:4
TRANSMITTAL
SUFFICIENCY OF FILING

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9873535 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

(File 1st)

Aviation Leasing Associates, LLC (DE)
Reinstatement
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

FILED
2016 FEB -9 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com