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 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3520 Embassy Drive	500 North Dixie Highway
Suite, Apt. #, etc.: Suite 302	Suite, Apt. #, etc.: Suite 302
City & State: West Palm Beach, FL	City & State: Coral Gables, FL
Zip: 33401 Country: USA	Zip: 33146 Country: 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 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: Plantation State: FL Zip Code: 33324

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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: [signature] Angel Nunez
REGISTERED AGENT NAME & TITLE: 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: [signature] Date: 8 FEB 2016 Daytime Phone #: (707) 301-8383

Typed or printed name of signing Authorized Representative/Manager:

CT

February 9, 2016

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 :

(File 1st)

Please obtain the following:

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 .

Thank you very much for your help.

Sincerely,

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