

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 23 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M19695

1. Corporation Name

PALM AIRLEASING, INC.

Principal Place of Business

Mailing Address

7308 NW 34 ST.
MIAMI FL 33122
US

3591 SW DEGGELLER CT
PALM CITY FL 34990
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~3591 SW DEGGELLER CT~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business In Florida

08/21/1985

5. FEI Number

59-2584062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
RD	BICKEL, PATRICIA A.	13018 FLAMINGO TERR	PALM BCH GARDENS FL
VD	BANCROFT, LUCY M.	5528 S.W. ANHINGA AVE.	PALM CITY FL
TD 9/15/99	BICKEL, JAMES S.	13018 FLAMINGO TERR	PALM BCH GARDENS FL
SD	BANCROFT, EDWARD L.	5528 S.W. ANHINGA AVE.	PALM CITY FL

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-10/05/99--01115--014
****908.75 ****908.75

8. Name and Address of Current Registered Agent

BANCROFT, EDWARD L.
5528 SOUTHWEST ANHINGA AVENUE
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name: JAMES S. BICKEL
Street Address (P.O. Box Number is Not Acceptable): 13018 FLAMINGO TERRACE
Suite, Apt. #, Etc.:
City: PALM BEACH GARDENS State: FL Zip Code: 33410

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

James S. Bickel

REGISTERED AGENT MUST SIGN

Date: 09/22/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

James S. Bickel JAMES S. BICKEL 09/22/99 561-283-2152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #