Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Heather x2908

CORPORATION REINSTATEMENT

SIGNATURE AIRCRAFT LEASING GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,508.75

FILED
09 MAY 29 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000069410

1. Corporation Name

SIGNATURE AIRCRAFT LEASING GROUP INC.

REINSTATEMENT 04-09

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6131 Lyons Road		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 101			
City & State		City & State	
Coconut Creek, FL			
Zip	Country	Zip	Country
33073	US		

4. Date Incorporated or Qualified To Do Business in Florida: 07/20/2000

5. FEI Number: 65-1025071 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Bruce D Green

Street Address (P.O. Box Number Is Not Acceptable): 1313 S Andrews Avenue

Suite, Apt. #, Etc.:

City: Fort Lauderdale | State: FL | Zip Code: 33316

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 05-28-09

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Borzilleri, Thomas	6131 Lyons Road, #101	Coconut Creek, FL 33073

10. 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 this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: _____ 05-28-09 954-522-8554

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #