


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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FILED
03 MAY -6 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077596

1. Corporation Name

EQUIS AIRCRAFT LEASING, INC.

Principal Place of Business

9100 S. DADELAND BLVD. STE 1101
MIAMI FL 33156

Mailing Address

9130 S DADELAND BLVD. STE 1101
MIAMI FL 33156



900018306879
05/06/03--01106--025 **300.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-1046387	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	CAUFF, STUART	9130 S DADELAND BLVD, STE 1101 9100 1102	MIAMI FL 33156
S	LAMCHICK, BRUCE	9130 S DADELAND BLVD, STE 1101	MIAMI FL 33156

8. Name and Address of Current Registered Agent

LAMCHICK, BRUCE
9130 S DADELAND BLVD, STE 1101
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/21/03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



Equis Aircraft Leasing, Inc.

April 30, 2003

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

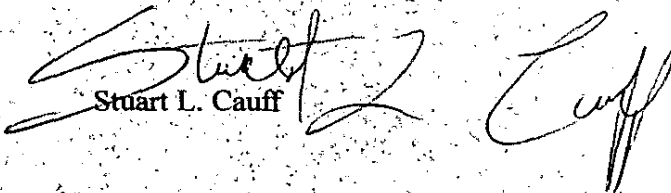
Ref: Equis Aircraft Leasing, Inc./65-1046387

Dear Sir or Madam:

Please be advised that the 2002 filing was not paid for at the time due to the incorrect mailing address. Please waive the reinstatement fee of \$750.00 and accept the payment of \$300.00 for the 2002 and 2003 filing fees.

If you have any questions, please contact me at (305) 670-9977.

Sincerely,


Stuart L. Cauff