

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

04 JUN -7 PH 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000103463

1. Corporation Name

T & G AIRCRAFT LEASING, INC.

2. Principal Office Address

330 N. ANDREWS AVENUE

Suite, Apt. #, etc.

SUITE 350

City & State

FORT LAUDERDALE

Zip

33301

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

REINSTATEMENT 03-04

500037629815

06/03/04--01028--015 **300 00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/03/2002

5. FEI Number
65-1052131

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas Conlan

Street Address (P.O. Box Number is Not Acceptable)

330 N. Andrews Avenue,

Suite, Apt. #, Etc.

Suite 350

City

Fort Lauderdale,

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

4/28/04

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
D	THOMAS CONLAN	350 N. ANDREWS AVE., STE 350	FT LAUDERDALE, FL 33301

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

954-522-6632

Daytime Phone #

T & G AIRCRAFT LEASING, INC.
330 NORTH ANDREWS AVENUE
SUITE 350
FORT LAUDERDALE, FLORIDA 33301

April 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P00000103463 T & G AIRCRAFT LEASING, INC.

Dear Sir/ Madame:

Enclosed, please find the completed Application for Reinstatement for T & G AIRCRAFT LEASING, INC. Unfortunately, we did not receive previous notices advising of the necessity to file our annual Uniform Business Report as required by law.

A check in the amount of \$300.00 representing the renewal fees for 2003 and 2004, accompanies this application to reinstate the Company.

Thank you for your assistance in this matter.

Sincerely,



Thomas Conlan
Director

Enclosures