

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 OCT 22 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016240

1. Corporation Name

BOCA AIRPLANE LEASING CORPORATION

2. Principal Office Address - No P.O. Box #

2030 West McNab Road

3. Mailing Office Address

2030 West McNab Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33309

Country

USA

Zip

33309

Country

USA

REINSTATEMENT 04-00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

February 13, 2001

5. FEI Number

65-1088707

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
Miami Center Registered Agents, LLC

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 1700

City

Miami

State

FL

Zip Code

33131

☒ 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

REGISTERED AGENT MUST SIGN

Date October 4, 2007

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/S/D	Mark Ginsburg	2030 West McNab Road	Ft. Lauderdale, FL 33309

500110492805
10/04/07--01035--007 **\$600.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 4, 2007 954-633-3581

Date

Daytime Phone #

10/24/07