

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 5:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100038

1. Corporation Name

AEROSPACE SALES & LEASING COMPANY, INC.

Principal Place of Business

2389 FOXHAVEN DR W  
JACKSONVILLE FL 32224

Mailing Address

2389 FOXHAVEN DR W  
JACKSONVILLE FL 32224

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/2001

5. FEI Number

59-3750176

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JOSEPH, MAURY	2389 FOXHAVEN DR W	JACKSONVILLE FL 32224
DS	DELUCCA, CHARLIE	2389 FOXHAVEN DR W	JACKSONVILLE FL 32224

900008733249  
10/31/02--01101--005 \*\*150.00

8. Name and Address of Current Registered Agent

JOSEPH, MAURY  
9990 SW 77TH AVE PH-9  
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  
FL

Zip Code

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 10/28/02

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 #

10/28/02 305 525 1931

CR2E040 (8/02)

# **AEROSPACE SALES & LEASING COMPANY, INC.**

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE FL 32314-6327

October 28, 2002

Gentlemen;

In accordance to the instructions received from your office, (see copy attached) please be advised as follows:

None of the Officers, Directors or Agents of this corporation have ever received either of the required UBR notices concerning dissolution or reinstatement of this corporation.

Accordingly, we respectfully request that this Corporation be Reinstated and have attached the requested check and forms, executed by the proper Officers and/or Registered Agent.

Thanking you in advance for your prompt attention,

RESPECTFULLY,

Maury Joseph  
Officer/Agent/Director