

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 AUG -9 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD3000031308

1. Corporation Name

Schofield Aircraft Leasing

2. Principal Office Address

14581 Dory Lane  
Suite, Apt. #, etc.

3. Mailing Office Address

14581 Dory Lane  
Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

Ft Myers FL

Zip

33908

Country

USA

Zip

33908

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

04-DB

4. Date Incorporated or Qualified  
To Do Business in Florida

March 18, 2003

5. FEI Number

06-1683521

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

William F Schofield

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

14581 Dory Lane

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33908

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

*William F Schofield*

Date

Aug 8, 2006

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
Mr	William Schofield	14581 Dory Lane	Ft Myers FL 33908

900078733689  
08/15/06--01051--007 \*\*450.00

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:

*William F Schofield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 8, 2006

Date

Daytime Phone #

239 691 0883

8/11/06

TO: Whom it may concern

From: William F Schofield  
President  
Schofield Aircraft Leasing

I never recieved a bill for my corporate filling in  
The State of Florida. However I have been paying  
my Federal taxes. I would now like to pay my yearly  
Fee for the last 3 years so that my company may  
be rein stated in Florida. The fee is 150.00 a year  
and I am paying 2004, 2005, and 2006. total amount  
Paid 450.00.

Thank you

W.F. Schofield

P.S. Please send any bills or correspondence to:  
Schofield Aircraft Leasing  
14581 Dory Lane  
Ft. Myers Fl. 33908