

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000025914 1. Entity Name JETSTREAM AIRCRAFT SALES & LEASING CORP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV 21 AM 10:26 REINSTATEMENT 05			
Principal Place of Business P.O. BOX 1088 BOCA RATON, FL 33429				Mailing Address P.O. BOX 1088 BOCA RATON, FL 33429					
2. Principal Place of Business 3700 Airport Road Suite, Apt. #, etc. Suite 412				3. Mailing Address 3700 Airport Road Suite, Apt. #, etc. Suite 412				11072005 REIN-P CR2E098 (6/04)	
City & State BOCA RATON FL				City & State BOCA RATON FL				4. FEI Number 37-1484199	
Zip 33431		Country PAIM Beach		Zip 33431		Country PAIM Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MC ADAM, TOM 277 N OCEAN BLVD #302 BOCA RATON, FL 33432								7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2200 S. Ocean Boulevard City Delray Beach FL Zip Code 33483	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Tom McAdam</i></u> DATE <u>11/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME P MC ADAM, TOM <input type="checkbox"/> Delete STREET ADDRESS 277 N OCEAN BLVD #302 CITY-ST-ZIP BOCA RATON, FL 334291088					TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 S. Ocean Boulevard STREET ADDRESS Delray Beach FL 33483 CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u><i>Tom McAdam</i></u> DATE <u>11/9/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									