## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000132357

City-St-Zip:

PORT ORANGE, FL 32129 US

FILED Oct 01, 2007 Secretary of State

Entity Nar	me: AUSSIE	AIRCRAFT LEASING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
226 NORTH NOVA RD., STE. 327 ORMOND BEACH, FL 32174			SUITE #501	1575 AVIATION CENTER PKWY SUITE #501 DAYTONA BEACH, FL 32114	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
226 NORTH NOVA RD., STE. 327 ORMOND BEACH, FL 32174			SUITE #501	1575 AVIATION CENTER PKWY SUITE #501 DAYTONA BEACH, FL 32114	
FEI Number:	20-1649789	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GOLFIN, ELIA 226 NORTH NOVA RD., STE. 327 ORMOND BEACH, FL 32174 US			1575 AVIATION CENT SUITE #501	VARGAS BAQUERO, LUIS 1575 AVIATION CENTER PKWY SUITE #501 DAYTONA BEACH, FL 32114 US	
	named entity e of Florida.	submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: LUIS VARGAS BAQUERO				10/01/2007	
	Electro	nic Signature of Registered Ager	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VARGAS MAT 1200 FLORAL	) Delete NEZ, LUIS O MR. SPRINGS BLVD. #17-106 E, FL 32129 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BAQUERO MO 1200 FLORAL	) Delete DLES, MARIA A MRS. SPRINGS BLVD. #17-106 E, FL 32129 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VARGAS BAC	) Delete IUERO, LUIS MR. SPRINGS BLVD. #17-106	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LUIS VARGAS BAQUERO **OWNE** 10/01/2007