

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG 15 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043019

**1. Corporation Name**

JB AIRCRAFT LEASING, INC.

**2. Principal Office Address**

12951 S. Calusa Club DR  
Suite, Apt. #, etc.

**City & State**

Miami, FL

**Zip**

33186

**Country**

USA

**3. Mailing Office Address**

12951 S. Calusa Club DR  
Suite, Apt. #, etc.

**City & State**

Miami, FL

**Zip**

33186

**Country**

USA

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/08/1994

**5. FEI Number**

650515201

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRE** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Esperanza Bonner

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

12951 S. Calusa Club DR

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33186

**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

*Esperanza Bonner*

Date

08/12/2005

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
P/D	Esperanza Bonner	12951 S. Calusa Club DR	Miami, FL 33186
V/D	Esperanza Millon	65 Bentley DR	Miami Springs, FL 33166

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**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 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: *Esperanza Bonner*, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/05  
Date

305 495 8200  
Daytime Phone #

CR2E081 (01/05)