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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 MAR 17 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066997

1. Corporation Name
Meruc Aviation Leasing Corp.

Principal Place of Business / Mailing Address
740 Bluebird Lane
Plantation, FL 33324

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

DO NOT WRITE IN THIS SPACE 98-99

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0519544
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $52.50 Additional charge 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Luis E. Silva	740 Bluebird Lane	Plantation, FL 33324
SD	Marta De Silva	740 Bluebird Llane	Plantation, FL 3324

8. Name and Address of Current Registered Agent
Jaime Gonzales
740 Bluebird lane
Plantation, FL 33324

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.

Signature of Registered Agent J. Gonzales REGISTERED AGENT MUST SIGN Date 3-2-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the reorganized 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., and that all fees owed by the corporation have been paid. 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: X Esilva
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Rafael E. Rodriguez 9360 Sunset Dr., Suite 287
Miami, FL 33173
(305)271-7697

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