2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000088223

Entity Name: FLORIDA COASTAL AIRLINES, INC.

FILED Aug 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

3406 SW 9TH AVENUE 3402 SW 9TH AVENUE

FORT LAUDERDALE, FL 33315 US FORT LAUDERDALE, FL 33315 US

Current Mailing Address: New Mailing Address:

P.O. BOX 350607 3402 SW 9TH AVENUE

FORT LAUDERDALE, FL 33335 US FORT LAUDERDALE, FL 33315 US

FEI Number: 65-0627040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOREST, DEAN A KELLY, ALBERT M 3406 SW 9TH AVENUE 3406 SW 9TH AVENUE

FORT LAUDERDALE, FL 33315 US FORT LAUDERDALE, FL 33315 US

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.

SIGNATURE: ALBERT MAURICE KELLY 08/05/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: P (X) Change () Addition

 Name:
 FOREST, DEAN A
 Name:
 VITALE, ALBERT C

 Address:
 3406 SW 9TH AVENUE
 Address:
 3402 SW 9TH AVENUE

City-St-Zip: FORT LAUDERDALE, FL 33315 US City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: () Delete Title: ST () Change (X) Addition

Name: Name: KELLY, EMILY

 Address:
 Address:
 110 GLEN ALPIN ROAD

 City-St-Zip:
 City-St-Zip:
 MORRISTOWN, NJ 07960

Title: D () Change (X) Addition

Name: Name: ASSOCIATED AIRLINE L, EASING, INC.

Address: Address: 3402 SW 9TH AVENUE

City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33315

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.

SIGNATURE: ASSOCIATED AIRLINE LEASING, INC. D 08/05/2008