

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 OCT -2 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000071917

1. Corporation Name

M-D AIRCRAFT LEASING, INC.

Principal Place of Business

Mailing Address

12538 LAKEVIEW LANE  
CLERMONT, FLORIDA  
34711

P.O. BOX 120597  
CLERMONT, FLORIDA  
34712-0597

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

2. New Principal Office Address, If Applicable

12538 LAKEVIEW LANE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

AUG. 29-1996

5. FEI Number

59-3398292

Applied For

Not Applicable

City & State

CLERMONT, FLORIDA

City & State

Zip

Country

34711

Country

LAKE

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fec 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
Pres.	MICHAEL H. ROUSE	1701 AIRPORT TERMINAL DR.	DELAND, FLORIDA 32724
v. Pres.	DAVID M. COX	12538 LAKEVIEW LANE	CLERMONT, FLORIDA 34711
			100002658601-5 -10/09/98-01008-001 ***315.00 ***315.00
			B. 98 AR 12/6

8. Name and Address of Current Registered Agent

David M. Cox  
12538 LAKEVIEW LANE  
CLERMONT, FL. 34711

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

David M. Cox

REGISTERED AGENT MUST SIGN

Date

9-29-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax)

12. 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:

David M. Cox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-98  
Date

352-394-6299  
Daytime Phone #