PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TION FLORIDA DEPARTMENT OF STATE

FOR REINSTATEMENT	Secretary of DIVISION OF CORPO	State	FILEB SECRETARY OF STATE VISION OF CORPORATIONS	
DOCUMENT # P9700	00087769		99 NOV -5 PM 12: 14	
SUNSHINE AVIATION & LEAS	SING, INC.			
Principal Place of Business	Mailing Address			
13501 SW 128TH STREET SLITE 204 MIAMI FL 33186	13501 SW 128TH STREET SUITE MIAMI FL 33186	204		
If above addresses are incorrect in any way, line to			INSTATEMENT	95
2 New Principal Office Address, If Applicable 9811 NW 23 ST Suite, Apt #, etc.	3. New Mailing Office Address, I 8811 NW 23 Suite, Apt. #, etc.		orporated or Qualified usiness in Florida 10/10/199	7
City & State	City & State	33172 5. FEI Nun	05.0700074	Applied For Not Applicable
Zip Country	Zip Coun	to.	SATE OF STATUS DESIRED T \$8.75 Addition	nat Fee respired rate of Status
7. Names and Street Addresses of Each Officer an				
Title(s) Name of Officers and/or Directors		treet Address of Each officer and/or Director	City / State / Zip	
D FREED, JERRY	13501 SW 128	TH STREET SUITE 204	MIAMI FL 33188	
	t Parletand Apart	Mr.	3000304637: -11/16/9801096 ****750.00 ****	38 012 *750.00
8. Name and Address of Current Registered Agent Name 1200			· Weed	
CRARY, LAWRENCE E III 555 COLORADO AVENUE SUITE 1 STUART FL 34994		Street Address (P.O. Box Num Suite, Apt. #, Etc.		* 7 と
I, being appointed the registered agent of the a sture of stered Agent	beve named comporation, and familiar to	with and accept the obligations of S	Date	
certify that I am an officer or director or the rec s reinstatement application, the reason for dis ved by the corporation have been paid and the this application is true and accurate, and my	solution has been eliminated the con e pieces of individuals listed on this fo	porate name satisfies the requirement for an exemption	ints of section 607.0401 or 617.0401, F.S., t	that all fees
ATURE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNANG OFFICER OR	DIRECTOR	Daytime Phone	1#

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