PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 25 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042614

1. Corporation Name

NEWS COMMANDER LEASING, INC.
C/O RELIANCE AVIATION
240 S.W. 34TH STREET
FT. LAUDERDALE, FLORIDA 33315

03/03/00 90268 020 $150.00

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 240 S.W. 34TH STREET | 240 S.W. 34TH STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FT. LAUDERDALE, FLORIDA | City & State: FT. LAUDERDALE, FLORIDA |
| Zip: 33315 Country: | Zip: 33315 Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/1999

5. FEI Number: 65-0937124 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name: C. SCOTT ALBURY

Street Address (P.O. Box Number is Not Acceptable): ~~240 S.W. 34TH STREET~~ 459 NE 15th Ave

600004533686--8
-08/14/01--01040--004
****750.00 ****750.00

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE State: FL Zip Code: ~~33315~~ 33301

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: x [signature] Date: x 7/5/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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 |
|---|---|---|---|
| D | C. SCOTT ALBURY | 459 NE 15th Ave, ~~240 S.W. 34TH STREET~~ | FT. LAUDERDALE, FL. 33301 |
| D | ELIZABETH ALBURY | ~~240 S.W. 34TH STREET~~ 459 NE 15th Ave. | FT. LAUDERDALE, FL. 33301 |
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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: x [signature] 6-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #