| PLEASE READ | ALL INSTRUCTIONS | BEFORE C | OMPLETING TH | IS-FORM. | |
|---|---|--|---|---------------------------|---|
| APPLICATION FOR PEINICIPATEMENT | FLORIDA DEPARTMEN Sandra B. Mort Secretary of S | tham tate | , | ALED TO THE | 6 al |
| REINSTATEMENT | CORPOR | RATIONS | 00 0C | T30 AH10:18 | f [|
| DOCUMENT # P99000100465 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| AMER-AIR LEASING, I | NC· | | PALLAF | ASSEE, FLUHIDA | |
| | Mailing Address | | | • | |
| Principal Place of Business 12235 S.W. 129 TCOURT MIAMI, FLORIDA 33186 | 122355.W·129TH MIANI, FLORIDA | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable | | | 4. Date Incorporated or Qu | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | To Do Business in Florida 11/15/99 5. FEI Number Applied For | | |
| City & State | City & State | | 65-096438 | 8 | Applied For Not Applicable |
| Zip Country | Zip Country | , . | 6. CERTIFICATE OF STATUS | | tional Fee required tificate of Status |
| 7. Names and Street Addresses of Each Officer and/ | | | st 3 directors) | | |
| Title(s) and/or Directors Office | | eet Address of Each icer and/or Director se Post Office Box N | umbers) 4 | City / State / Zip | |
| P, D MOURIZ, HIKE S, D CAPO, GERARDO | 1414 N-M-10J | - | | MI, FL. 3317 MI, FL. 3317 | |
| Name and Address of Current I | Registered Agent | Name | 9. Name and Address of | New Registered Agent | 999 |
| SIDNEY Z. BRODIE Street Address (| | | Mouria Not Acceptable) O.O. Box Number is Not Acceptable) | | |
| 7270 N·W· 12 1 5T. MIANI, FL· 33126 Suite, Apt. #, Etc. | | | ·W. 129 5 CO | URT | |
| 1 '0 | a | City | | State Zip C | Gode 3186 |
| 10. I, being appointed the registered agent of the bo Signature of Registered Agent 11. Does this corporation pay a Dept. of Revenue under S. | GISTERED AGENT MUST SIGN | | Date X | 5, F.S. | formation |
| 12. I do hereby certify that the information symplicity lease the Division of Corporations from any liability certify that I am an officer or birector or the receipthis reinstatement application the reason for dispersion of the corporation have been pain if under oath. SIGNATURE: SIGNATURE AND TYPED OR PRI | Iff this filling is voluntarily furnished a y of non-compliance with Section 11s ver or thustee empowered to execute olution has been eliminated, the content of the information indicated on this appliance. | and does not qualify 9.07(3)(k) in the ever this application as porate name satisfie ication is true and a | for the exemption stated in a not that the information supplice provided for in chapter 607 c as the requirements of section occurate, and my signature states. | | |

Rozaliz

AMERI-AIR LEASING, INC. MIKE MOURIZ, PRESIDENT 12235 S.W. 129th COURT MIAMI, FLORIDA 33186

October 19, 2000

Department of State Reinstatement Applications Division of Corporations _ 409 East Gaines St. Tallahassee, Fl.32399

Dear Sir or Madam:

Enclosed please find our application for reinstatement duly signed and dated.

We had originally filed our 2000 Uniform Business Report (UBR) along with the required filing fee of \$150.00; however, we inadvertently did not enter our EIN, in Block 4.

This apparently was rejected and returned to our office on June 5, 2000, but we never received this and consequently we had no knowledge of this rejection and the repercussions. We just learned of this rejection and the consequent administrative dissolution today when we telephone your department, today October 19, 2000.

At this time, we respectfully petition your office to reinstate our corporation and abate the reinstatement fee of \$750.00.

We will be careful not let this happen again in the future, for we will make certain that this corporation is at all times in good standing with the Florida Department of State.

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Thank you for your help and understanding in this matter.

Very touly yours,

Mike Mourk

President