

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 NOV -2 PM 12:16

DOCUMENT # F98000001269

1. Corporation Name

Manufacturers Hanover Leasing International Corp.

500291915875

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 10 South Dearborn Suite, Apt. #, etc. Mail Code IL1-0502 City & State Chicago, IL Zip 60603		Country Cook		3. Mailing Office Address 4 Chase Metrotech 22 Suite, Apt. #, etc. Mail Code NY1-C549 City & State Brooklyn, NY Zip 11245		Country Kings	
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4. Date Incorporated or Qualified To Do Business in Florida 03/05/1998		Applied For Not Applicable
5. FEI Number 13-2784280		
6. CERTIFICATE OF STATUS DESIRED Yes		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33724

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 Michael Lamagna **Assistant Secretary** Date 4/11/16

REGISTERED AGENT MUST SIGN

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/T	Ellen J. Manola	10 South Dearborn	Chicago, IL 60603
D/P	Francisco J. Pereiro	10 South Dearborn	Chicago, IL 60603
V	Susan M. Parson	10 South Dearborn	Chicago, IL 60603
Authorized Officer	Philip E. Feierberg	4 Chase Metrotech 22	Brooklyn, NY 11245

10. E-mail Address: ots.annualreport@ipmchase.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Philip E. Feierberg 10/31/16 718-242-4057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 11/2/16

ACCT. I20160000072

Ima [Signature]

Name:	Manufacturers Hanover Leasing International Corp.
Document #:	
Order #:	10220687

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input checked="" type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1059.75

Thank you!