

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005591

1. Corporation Name

EQUILEASE FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

50 WASHINGTON ST  
1211  
SO. NORWALK CT 06854  
US

50 WASHINGTON ST  
1211  
SO. NORWALK CT 06854  
US

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



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1316650

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee 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	4 City / State / Zip
ST	DUNN, SCOTT C	50 WASHINGTON ST, Suite 1211	SOUTH NORWALK CT 06854
P	<del>PHILLIPS, ALAN</del> Gary Silverhardt	50 WASHINGTON ST, Suite 1211	SOUTH NORWALK CT 06854
V	HANAK, ALESANDRA	50 WASHINGTON ST, Suite 1211	SOUTH NORWALK CT 06854
V	<del>ZWIGK, MICHAEL</del> Charles E. Matthews	50 WASHINGTON STREET, Suite 1211	SOUTH NORWALK CT 06854
AT	POSTIGLIONE, WILLIAM J	50 WASHINGTON ST. STE 1211	<del>NORWALK CT 06854</del> South Norwalk, Ct 06854
D	<del>MALLEN, JOEL</del> Kenneth S. Greenberg	50 WASHINGTON ST. STE 1211	<del>NORWALK CT 06854</del> South Norwalk Ct 06854

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALL. FL 32301

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 0000000000000000  
11/05/02--01055--005 \*\*750.00  
City State Zip Code  
FL

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

10/25/02

REGISTERED AGENT MUST SIGN

GARY SHERMAN, ASST. SECRETARY

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., 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:

SIGNATURE REQUIRED  
Susan Clark  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 10-24-02

Date

Daytime Phone #

203-359-0722

CR2040 (8/02)

**Equilease Financial Services, Inc.**  
**Florida Document Number: F99000005591**

**Director:**  
**Scott C. Dunn**  
**50 Washington Street, Suite 1211**  
**South Norwalk, CT 06854**

**Assistant Secretary:**  
**Janice A. Sullivan**  
**50 Washington Street, Suite 1211**  
**South Norwalk, CT 06854**

**Assistant Secretary:**  
**Susan Clark**  
**50 Washington Street, Suite 1211**  
**South Norwalk, CT 06854**