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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUL 10 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # M01000001035

1. Limited Liability Company's Name
US Equipment Leasing LLC

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2. Principal Office Address		**3.** Mailing Office Address	
4444 One Mellon Center		10 Riverview Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Licensing/ Kapil	
City & State Pittsburgh, PA		City & State Danbury, CT	
Zip 15258	Country USA	Zip 06810	Country USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 04/30/2001

6. FEI Number
25-1887088
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. 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
33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Danny [illegible] Date 7/7/06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Manager	Kapil Kundrai	10 Riverview Drive	Danbury, CT 06810

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REINSTATEMENT 2003-2006

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Kapil Kundrai Date 4/24/06 Daytime Phone # 866-844-4046

Typed or printed name of signing Managing Member/Manager KAPIL KUNDRAI