

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 17 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 544985

1. Corporation Name

WALNUT EQUIPMENT LEASING CO., INC.

Principal Place of Business

ONE BELMONT AVE.
SUITE 202
BALA CYNWYD PA 19004

Mailing Address

P.O. BOX 1050
BALA CYNWYD PA 19004

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

2. New Principal Office Address, If Applicable
SUITE 202

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1977

5. FEI Number

23-2014448

Applied For

Not Applicable

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
PD	SHAPIRO, WILLIAM	ONE BELMONT AVE, STE 200- 202	BALA CYNWYD PA
D	SHAPIRO, DELJEAN	ONE BELMONT AVE, STE 200- 202	BALA CYNWYD PA
DVP	SHAPIRO, KENNETH	ONE BELMONT AVE, STE 200- 202	BALA CYNWYD PA
			3000003103379--9 01/20/00--01003--004 ****750.00 ****750.00
			3000003103379--9 -05/01/00--01003--023 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

BLANTON, EDWIN F ESQ
825 THOMASVILLE RD.
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH S. SHAPIRO

1-14-00

Date

(610) 668-0707

Daytime Phone #

CR2E040 (8/93)