

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 MAR 10 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 832707
1. Corporation Name
CROSSLAND CREDIT CORP.

Mailing Address Principal Place of Business
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-97
DO NOT WRITE IN THIS SPACE *aw*

2. New Mailing Address, If Applicable
ATTN: J. PANCETTI
Suite, Apt. #, etc.
c/o REPUBLIC-452 5TH AVE
City & State
NEW YORK, NY
Zip 10018 Country USA

3. New Principal Office Address, If Applicable
ATTN: J. PANCETTI
Suite, Apt. #, etc.
c/o REPUBLIC-452 5TH AVE
City & State
NEW YORK, NY
Zip 10018 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
07-16-74

5. FEI Number
36-3509385 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--------------------|
| D | DEZEGO, RICHARD C. | 452 FIFTH AVENUE | NEW YORK, NY 10018 |
| D | MINEO, GASPAR J. | 452 FIFTH AVENUE | NEW YORK, NY 10018 |
| D | CIHANEK, EDWARD | 452 FIFTH AVENUE | NEW YORK, NY 10018 |
| P | PANCETTI, JOHN S. | 452 FIFTH AVENUE | NEW YORK, NY 10018 |
| S/T | SAINSBURY, EMMA | 452 FIFTH AVENUE | NEW YORK, NY 10018 |

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8. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
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.
Signature of Registered Agent *Vicki Schreiber, Pres. V.P.* Date 3/6/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *John S. Pancetti* 3/6/97 212-525-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (6/94)



ACCOUNT NO 07210000032
REFERENCE : 285874 *Patricia Pyatt* 4384574

AUTHORIZATION :

COST LIMIT : \$ 915.00

ORDER DATE : March 7, 1997

ORDER TIME : 10:54 AM

ORDER NO. : 285874-005

CUSTOMER NO: 4384574

CUSTOMER: Ms. Denese Watson
Republic National Bank
Fifth Avenue At 40th Street
Tower 3
New York, NY 10018

DOMESTIC FILINGS

NAME: **CROSSLAND CREDIT CORP.**

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett
EXAMINER'S INITIALS _____