

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.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable  
ATTN: J. PANCETTI

3. New Principal Office Address, If Applicable  
ATTN: J. PANCETTI

4. Date Incorporated or Qualified  
To Do Business in Florida

07-16-74

Suite, Apt. #, etc.  
c/o REPUBLIC-452 5TH AVE

Suite, Apt. #, etc.  
c/o REPUBLIC-452 5TH AVE

5. FEI Number

36-3509385

Applied For

Not Applicable

City & State  
NEW YORK, NY

City & State  
NEW YORK, NY

Zip Country  
10018 USA

Zip Country  
10018 USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$175 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 (Do NOT Use Post Office Box Numbers)	4 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

700002108617--1

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

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

*Vicki Schreiber, Pres. V.P.*  
REGISTERED AGENT MUST SIGN

Date 3/6/97

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97  
Date

212-525-1142  
Daytime Phone #

CR2040 (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 \_\_\_\_\_