

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 838853

1. Corporation Name

CHASE MANHATTAN SERVICE CORPORATION

Principal Place of Business

C/O CHASE EQUIPMENT LEASING  
ONE CHASE SQUARE, MC-5  
ROCHESTER NY 14643  
US

Mailing Address

C/O CHASE EQUIPMENT LEASING  
ONE CHASE SQUARE, MC-5  
ROCHESTER NY 14643  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/29/1977

5. FEI Number

13-2619562

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	PERKOWSKI, EDWARD J.	ONE CHASE SQUARE	ROCHESTER NY
GA	MORAN, WILLIAM J.	ONE CHASE SQUARE	ROCHESTER NY
S	CARROLL, ROBERT L.	ONE CHASE SQUARE	ROCHESTER NY
AS	BEATTI, JOSEPH R.	ONE CHASE SQUARE	ROCHESTER NY
VPTC	PULLEN, ELDRED B.	ONE CHASE SQUARE	ROCHESTER NY

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt #, Etc.

City

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

Jonathan R. Giddings  
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 3/1/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax)

12. 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)(j) 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

Assistant Vice President

Date

Daytime Phone #

12/22/98 716-258-4205

99 MAR 18 AM 8:45

RECEIVED  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2EDM (9-98)