

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000000992

1. Entity Name
VERTICAL LEND, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business
3 HUNTINGTON QUAD
303
MELVILLE, NY 11747

Mailing Address
3 HUNTINGTON QUAD
303
MELVILLE, NY 11747

05 MAR 25 PM 1:58
REINSTATEMENT 04-05



02232005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
11-3332289

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Cynthia L. Harris
as its agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
PESKIN, DAVID
3 HUNTINGTON QUAD
MELVILLE, NY 11747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOO
PESKIN, KENNETH
3 HUNTINGTON QUAD
MELVILLE, NY 11747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEKITS, MICHAEL
6033 WEST CENTURY BLVD
MANHATTAN BEACH, CA 90266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200049338572
03/29/05--01014--006 ***308.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Peskin CEO

3/16/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 276071 4814512

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 24, 2005

ORDER TIME : 12:13 PM

ORDER NO. : 276071-005

CUSTOMER NO: 4814512

CUSTOMER: Dawn Gould
Weiner Brodsky Sidman & Kider
5th Floor
1300 19th Street
Washington, DC 20036-1609

DOMESTIC FILINGS

NAME: VERTICAL LEND, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____

RECEIVED
05 MAR 25 PM 12:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA