

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 DEC -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000006583**

1. Corporation Name

B, & G LEASING, INC.

Principal Place of Business

2900 WESTCHESTER AVE
SUITE 201
WESTCHESTER NY 10577

Mailing Address

2900 WESTCHESTER AVE
SUITE 201
WESTCHESTER NY 10577

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

11/28/2000

5. FEI Number

13-4099818

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
DP	FANELLI, ROBERT C	150 FOREST AVE	NEW ROCHELLE NY 10804
DST	FANELLI, MARY G	150 FOREST AVE	NEW ROCHELLE NY 10804
			400004744784--8 ****750.00 ****750.00
			400004744784--8 -12/31/01--01050--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES INC
4435 OLD WINTER GARDEN RD
ORLANDO FL 32811

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

SIGNATURE REQUIRED

Date

11/24/01

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]
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT C FANELLI

Date

11/12/01

Daytime Phone #

800-796-1213

CR2ED40 (8/01)