


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC -7 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
T. Roberts DEC 07 2005



| | | | | | |
|---|------------------------|---|---|---|------------------------------------|
| DOCUMENT # F0000006583 | | | |  | |
| 1. Entity 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 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 12062005 REIN-P CR2E098 (6/04) 4. FEI Number 13-4099818 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | | | 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. | | | | | |
| SIGNATURE: <u>Alison Hand, ASST SEC</u> | | | | DATE: <u>12/7/05</u> | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | DATE | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FANELLI, ROBERT C | | NAME | 100062123011 | |
| STREET ADDRESS | 150 FOREST AVE | | STREET ADDRESS | 12/13/05--01048--012 **758.75 | |
| CITY-ST-ZIP | NEW ROCHELLE, NY 10804 | | CITY-ST-ZIP | | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FANELLI, MARY G | | NAME | | |
| STREET ADDRESS | 150 FOREST AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW ROCHELLE, NY 10804 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FANELLI, BRIAN D | | NAME | | |
| STREET ADDRESS | 8 DAVID TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WHITE PLAINS, NY 10603 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NELSON, LAURA G | | NAME | | |
| STREET ADDRESS | 40 ELK AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW ROCHELLE, NY 10804 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Brian D. Fanelli</u> | | | DATE: <u>12-6-05</u> | | DAYTIME PHONE: <u>800-896-1213</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

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