

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000006583

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 ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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

Alison Hand, Asst sec

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/7/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FANELLI, ROBERT C	
STREET ADDRESS	150 FOREST AVE	
CITY - ST - ZIP	NEW ROCHELLE, NY 10804	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FANELLI, MARY G	
STREET ADDRESS	150 FOREST AVE	
CITY - ST - ZIP	NEW ROCHELLE, NY 10804	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FANELLI, BRIAN D	
STREET ADDRESS	8 DAVID TERRACE	
CITY - ST - ZIP	WHITE PLAINS, NY 10603	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, LAURA G	
STREET ADDRESS	40 ELK AVE.	
CITY - ST - ZIP	NEW ROCHELLE, NY 10804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100062123011
CITY - ST - ZIP	12/13/05--01048--012 **758.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Brian D Fanelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-05

Daytime Phone #

800-896-1213

DIS500

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



T. Roberts DEC 07 2005