

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 14 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

B & G Leasing, Inc.

2. Principal Office Address

2900 Westchester Ave.

3. Mailing Office Address

2900 Westchester Ave.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Purchase, N.Y.

City & State

Purchase, N.Y.

Zip

10577

Country

USA

Zip

10577

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/00

5. FEI Number

134099818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BlumbergExcelsior Corporate Services, Inc.

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

4435 Old Winter Garden Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Marc Moel, Assistant Secretary

Date

4/11/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Robert C. Fanelli	150 Forest Ave.	New Rochelle, NY 10804
S/T/D	Mary G. Fanelli	150 Forest Ave.	New Rochelle, NY 10804

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Fanelli, Pres.

4/10/03

Date

914-696-7500

Daytime Phone #

CR2E081 (10/02)