PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 30 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000001803

1. Corporation Name

US EXPRESS LEASING, INC.

CR2E081 (8/05)

2. Principal Office Address		**3.** Mailing Office Address	
300 LANIDEX PLAZA		300 LANIDEX PLAZA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PARSIPPANY		PARSIPPANY	
Zip	Country	Zip	Country
07054	USA	07054	USA

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 1, 2004

5. FEI Number: 20-0716627 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

REINSTATEMENT 05
100050591223
10/13/05--01075--009 **750.00

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

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: Hillary England — REGISTERED AGENT MUST SIGN

Hillary England
Assistant Secretary

Date: 9/27/05

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
PRES/DIR	James McGrane	300 LANIDEX PLAZA	PARSIPPANY, NJ 07054
VP/T	Jeffrey Hilzinger	300 LANIDEX PLAZA	PARSIPPANY, NJ 07054
SEC	William Carey	300 LANIDEX PLAZA	PARSIPPANY, NJ 07054
DIR	Kamil Salame	11 Madison Avenue	New York, NY 10010
DIR	Neal Pomroy	11 Madison Avenue	New York, NY 10010
DIR	William Zadrozny	200 Somerset Corp Blvd	Bridgewater, NJ 08807

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: W C Carey — 9/22/05 — 973 576 0513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #