

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR -5 PM 12: 00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

000091535780  
03/07/07--01015--001 \*\*750.00

**REINSTATEMENT** 03-07

CR2E081 (1/07)

DOCUMENT # F94000003282

1. Corporation Name

UTILITY EQUIPMENT LEASING CORPORATION

2. Principal Office Address - No P.O. Box #

N4W22610 BLUEMOUND ROAD

3. Mailing Office Address

N4W22610 BLUEMOUND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WAUKESHA, WI

City & State

WAUKESHA, WI

Zip

53186

Country

USA

Zip

53186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

39-1089084

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  
COHEN, CLIFFORD

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

Suite, Apt. #, Etc.

City  
SANFORD

State  
FL

Zip Code  
32771

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Clifford Cohen*  
REGISTERED AGENT MUST SIGN

Date 3/2/2007

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| DPT    | DALUM, THOMAS E                      | N4W22610 BLUEMOUND ROAD                           | WAUKESHA, WI 53186 |
| P      | TAYLOR, JUDITH D                     | N4W22610 BLUEMOUND ROAD                           | WAUKESHA, WI 53186 |
| TS     | MALONEY, BARBARA J                   | N4W22610 BLUEMOUND ROAD                           | WAUKESHA, WI 53186 |
| DAS    | DALUM, JOSEPH                        | N4W22610 BLUEMOUND ROAD                           | WAUKESHA, WI 53186 |
|        | <i>P33/6</i>                         |   |                    |

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 contained in Chapter 119, 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:

*Barbara J Maloney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA J MALONEY

FEBRUARY 28, 2007 262-547-8500

Date

Daytime Phone #