PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F94000003603

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Corporation Name

SUMMIT COMMERCIAL LEASING CORPORATION

Principal Place of Business

2. New Principal Office Address, If Applicable

Mailing Address

750 VALNUT AVENUE CRANFORD NJ 07016

MIGKEY CHERRY 301 CARNEGIE CENTER PRINCETON NJ 08543

3. New Mailing Office Address, If Applicable

ÉILED

02 MAY -8 AHII: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida 07/11/1004

Suite, Apt. #	, etc	Suite; Apt. #; etc.			The state of the s			\neg
		6+6 +1 City & State			5. FEI Number 22-2641272		Applied For Not Applicable	-
Providence RI Provid			lence PI		6		Additional Fee require	
Zip Country Zip O290			S Country CEF		CERTIFICATE	FICATE OF STATUS DESIRED. for a Certificate of Status		_
7. Names a	nd Street Addresses of Each Officer and/o	r Director (Florida n	nonprofit corporati	ons must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
φρ	Ronald H. Chamider		750 WALNUT AVE - 3RD FL ONE FINANCIAL PLAZA 2ML FL			CRANFORD NJ 07018- Providence R	I 02903	
DC EVP	HORSTING, WALTER M. J. William Kell		750 WALNUT AVE - SRD FL One Finencial Plaza 2hd FL			CRANFORD NJ 07016 Providênce RJ	C 02903	
SUP	Rita F. Di Martino		750 WALNUT AVE - SRD FL One Finencial Plaza 2 Md FZ			CRANFORD NJ 07016 Prividence RI	02903	
SVP	David 9, gauthier		One Financial Plaza 2 nd FL			Providence R	I 02903	
P/AS	MAIDRING, MICHAELY C: Scott Stevenson		THE TIMESTAVE PLACE 2nd FL			Providence RI	22963	
P VP>	FILMEFREDDO, CHARLES. Shella A. Crook. One Firan			2 Plaza 5- FZ Providence RI 0290-5				
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name				_ ا
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			*Street Address (P.O. Box Number is Not Acceptable)				ZE040 (8/0:1	
PLANTATION FL 33324				Suite, Apt. #, Etc. 4900055753749				— 5
				City		-05/21/02-sala ****900.0 FL].
10. I, being	appointed the registered agent of the above			and accept the ob		on 607.0505, F.S.	ن	

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 128/02

11. 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

1/16/02 4012788436

Daytime Phone #