


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 NOV 13 AM 9:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004623**

1. Corporation Name
CROWN LEASING, INC.

Principal Place of Business	Mailing Address
C/O CROWN LEASING, INC. 100 EAST 14TH STREET ELMIRA HEIGHTS NY 14903	C/O CROWN LEASING, INC. 100 EAST 14TH STREET ELMIRA HEIGHTS NY 14903



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	09/07/1994
5. FEI Number	16-1249622
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD	GULLIVAN, TIMOTHY	2 CHELSEA DRIVE	WORMEHEADS NY 14845
PD	HUTSAL, EDWIN P	961 UPLAND DRIVE	ELMIRA NY 14905
SD	WILLIAMS, EDWARD D.	323 DRIVE C	ELMIRA NY 14905
TD	KRUEGER, JOSEPH B.	1719 PINNACLE ROAD	ELMIRA NY 14905

100004703301--3
 -12/04/01--01010--020
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Signature of Timothy McQuire* Date: 11/08/01
 REGISTERED AGENT MUST SIGN

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 of Timothy McQuire* Date: 11/8/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)