


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 18 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005970**

1. Corporation Name
North American Equity Investors, Inc.
(formerly FCC Equipment Financing, Inc.)

300086462153
01/29/07--01061--007 **1508.75

2. Principal Office Address 1245 Bridgestone Blvd. Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State LaVergne, TN		City & State	
Zip 37086	Country USA	Zip	Country

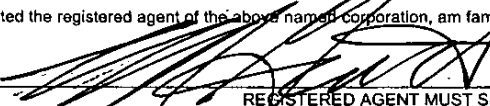
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	11-15-1996
5. FEI Number	47-0773534
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name W. A. Gartner	
Street Address (P.O. Box Number is Not Acceptable) 1660 Prudential Drive	
Suite, Apt. #, Etc. Suite 203	
City Jacksonville	State / Zip Code FL 32207

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.

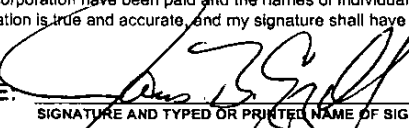
Signature of Registered Agent  Date 1/17/07

REGISTERED AGENT MUST SIGN

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.	DeWitt C. Thompson, V	1245 Bridgestone Blvd.	LaVergne, TN 37086
Sec. Dir.	James B. Ezzell	same	same
Chmn. Dir.	DeWitt C. Thompson, IV	same	same

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:  **JAMES B. EZZELL, TREASURER** Date 1/10/07 Daytime Phone # (615) 257-8698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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