

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 18 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

City & State

LaVergne, TN

Zip

37086

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**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 ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

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
FL

Zip Code
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

REGISTERED AGENT MUST SIGN

Date

1/17/07

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. EZZELL, Treasurer

Date

1/10/07 (615) 251-8698

Daytime Phone #

1/22