

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000122

1. Corporation Name

ONTARIO CREDIT CORPORATION

Principal Place of Business

6666 MANLIUS CENTER RD
EAST SYRACUSE NY 13057
US

Mailing Address

6666 MANLIUS CENTER RD
EAST SYRACUSE NY 13057
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

16-1485597

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CENTOLELLA, LOUIS M	6666 MANLIUS CENTER RD	EAST SYRACUSE NY 13057
S	PIAZZA, SHERRY	6666 MANLIUS CENTER RD	EAST SYRACUSE NY 13057

7000008696547
10/30/02--01044--011 **150.00

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
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Louis M. Centolella
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

Louis M. Centolella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(35)482-0040

CR2E040 (8/02)



October 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314-6327

RE: 16-1485597 Corporate Reinstatement

To Whom It May Concern,

Please find enclosed our completed application for reinstatement and check for \$150.00.

Please except our sincere apology for the tardiness of this report. This is the first report that we have received.

We are requesting a waiver of the reinstatement fee. Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Louis M. Centolella'. The signature is fluid and cursive, with the first name 'Louis' and last name 'Centolella' being the most prominent parts.

Louis M. Centolella
President