

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1002

**CORPORATION  
REINSTATEMENT**



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

01 MAY 14 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004974

1. Corporation Name

TOUAX EQUIPMENT LEASING CORPORATION

2. Principal Office Address c/o: Gold Container Corporation

Suite, Apt. #, etc.

2137 Jacksonville St.

City & State

Ft. Meyers, FL

Zip 33931

Country USA

3. Mailing Office Address c/o: Gold Container Corporation

Suite, Apt. #, etc.

2137 Jacksonville St.

City & State

Ft. Meyers, FL

Zip 33931

Country USA

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified To Do Business in Florida

9/29/99

5. FEI Number

51-0408866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee,

State FL

Zip Code

32301

LS

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

**BRIAN COURTNEY, ASST. V.P.**

Date

5/14/01

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
PD	WALEWSKI, ALEXANDRE	5 Rue Belline	Puteaux-La-Defense, France
VD	WALEWSKI, FABRICE	5 Rue Belline	Puteaux-La-Defense, France
ST	POSTEL-VINAY, ANTONINE	5 Rue Belline	Puteaux-La-Defense, France
D	WALEWSKI, RAPHAEL	5 Rue Belline	Puteaux-La-Defense, France
D	IMPERIALE, MICHAEL A	5 Rue Belline	Puteaux-La-Defense, France
D	FAJT, MIROSLAV	237 Park Avenue	New York, NY 10017

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 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

5/10/01 (212-880-6000)

Date

Daytime Phone #

CR2001 (9/00)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 134034 . 4311859  
*Patricia Pizito*

AUTHORIZATION :

COST LIMIT : \$ 1,050.00

ORDER DATE : April 30, 2001

ORDER TIME : 9:33 AM

ORDER NO. : 134034-005

CUSTOMER NO: 4311859

CUSTOMER: Ms. Christine Calfous  
TORYS  
TORYS  
237 Park Avenue  
20th Floor  
New York, NY 10017-3142

FOREIGN FILING

NAME: TOUAX EQUIPMENT LEASING  
CORPORATION

EFFECTIVE DATE:

XX REINSTATEMENT  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
01 MAY 14 AM 10:39  
DIVISION OF CORPORATION