

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 29 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005591

1. Corporation Name

EQUILEASE FINANCIAL SERVICES, INC.

Principal Place of Business

50 WASHINGTON ST
1211
SO. NORWALK CT 06854
US

Mailing Address

50 WASHINGTON ST
1211
SO. NORWALK CT 06854
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1999

5. FEI Number

06-1316650

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	DUNN, SCOTT C	50 WASHINGTON ST, Suite 1211	SOUTH NORWALK CT 06854
P	PHILLIPS, ALAN Gary Silverhardt	50 WASHINGTON ST, Suite 1211	SOUTH NORWALK CT 06854
V	HANAK, ALESANDRA	50 WASHINGTON ST, Suite 1211	SOUTH NORWALK CT 06854
V	ZWICK, MICHAEL Charles E. Matthews	50 WASHINGTON STREET, Suite 1211	SOUTH NORWALK CT 06854
AT	POSTIGLIONE, WILLIAM J	50 WASHINGTON ST. STE 1211	NORWALK CT 06854 South Norwalk, Ct 06854
D	MALIN, JOEL Kenneth S. Greenberg	50 WASHINGTON ST. STE 1211	NORWALK CT 06854 South Norwalk Ct 06854

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALL. FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

00000000000000000000
11/05/02--01055--005 **750.00

FL

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

REGISTERED AGENT MUST SIGN

GARY SHERMAN, ASST. SECRETARY

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 10-24-02

Date

Daytime Phone #

203-359-0722

Equilease Financial Services, Inc.
Florida Document Number: F99000005591

Director:
Scott C. Dunn
50 Washington Street, Suite 1211
South Norwalk, CT 06854

Assistant Secretary:
Janice A. Sullivan
50 Washington Street, Suite 1211
South Norwalk, CT 06854

Assistant Secretary:
Susan Clark
50 Washington Street, Suite 1211
South Norwalk, CT 06854