

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 31 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

G62115

1. Corporation Name

Equivest Finance, Inc.

Principal Place of Business

Mailing Address

Two Clinton Square  
Syracuse, NY 13202

Two Clinton Square  
Syracuse, NY 13202

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

2. New Principal Office Address, If Applicable  
Two Clinton Square

3. New Mailing Office Address, If Applicable  
Two Clinton Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Syracuse, NY

City & State  
Syracuse, NY

Zip  
13202

Country  
Onondaga

Zip  
13202

Country  
Onondaga

4. Date Incorporated or Qualified  
To Do Business in Florida

8/31/83

5. FEI Number  
592346270

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
D/CEO	Richard C. Breeden	Two Clinton Square	Syracuse, NY 13202
D/P/COO	Thomas J. Hamel	Two Clinton Square	Syracuse, NY 13202
D	John R. Petty	1953 Gallos Road	Vienna, VA 22182
D	George W. Carmany III	31 Milk Street, Suite 510	Boston, MA 02109
EVP/CFO/T	Gerald L. Klaben, Jr.	Two Clinton Square	Syracuse, NY 13202
S/GC	Eric C. Cotton	Two Clinton Square	Syracuse, NY 13202
VP	Lisa M. Henson	Two Clinton Square	Syracuse, NY 13202
C	James R. Petrie	Two Clinton Square	Syracuse, NY 13202

8. Name and Address of Current Registered Agent

Ross Manella  
2206 Hollywood Boulevard  
Hollywood, FL 33020

9. Name and Address of New Registered Agent

Name  
NRAI Services  
Street Address (P.O. Box Number is Not Acceptable)  
526 E. Park Avenue  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301

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.

Signature of  
Registered Agent Debbie Lundgren, asst. sec.  
REGISTERED AGENT MUST SIGN

Date 10-30-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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  
Eric C. Cotton

10/29/97 315422 9188  
Date Daytime Phone #

CR2E040 (12/96)