2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # J17359** --1. Entity Name JO BOSENI, O BURGISKE DA 04 NOV -1 PM 2:36 WHAM LEASING CORF Principal Place of Business Mailing Address 1305 PATERSON PARK ROAD 1305 PATERSON PARK ROAD NO. BERGEN, NJ 07047 NO. BERGEN, NJ 07047 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 10262004 REIN-P CR2E098 (6/04) City & State 4. FEI Number Applied For City & State 13-3348672 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -- 7.55 4.75 COHEN, ROBERT B. Street Address (P.O. Box Number is Not Acceptable) 691 NORTH COUNTY ROAD PALM BEACH, FL 33480 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300,00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Change Addition TITLE TITLE NAME COHEN, ROBERT NAME 300042361933 STREET ADDRESS 1305 PATERSON PLANK RD. STREET ADDRESS 11/01/04--01067--013 **150.00 NORTH BERGEN, NJ., CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE OBERG, CATHERINE M NAME : NAME 1305 PATERGON PLANK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH BEGEN, NJ CITY-ST-ZIP TITLE S ☐ Delete ☐ Change ☐ Addition RUDDY, ALAN NAME NAME 1305 PATERGON PLANK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH BERGEN, NJ CITY-ST-ZIP 1 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment ddress, with all other like empowered Sec 10/26/04