APPROVED AND FILED 03 1 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 OCT 26 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04

DOCUMENT # P03000154318

1. Corporation Name
Equinox Factors
3507 East Frontage Road
Tampa, Fl 33607

2. Principal Office Address		**3.** Mailing Office Address	
Tampa, Fl 33607		3507 East Frontage Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
115		115	
City & State		City & State	
Tampa, Fl.		Tampa, Fl	
Zip	Country	Zip	Country
33607	United States	33607	United States

4. Date Incorporated or Qualified To Do Business in Florida: December 12, 2003

5. FEI Number: 200509150 ☐ 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: Scott Altman

Street Address (P.O. Box Number is Not Acceptable): 3507 East Frontage Road

Suite, Apt. #, Etc.: 115

City: Tampa | State: FL | Zip Code: 33607

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 _____ Date 10/15/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
Directo	Daniel T. Murphy	1011 Highway 71	Spring Lake, N.J. 07762
Directo	Lee Albanese	1011 Highway 71	Spring Lake, N.J. 07762
Directc	Walter M. Craig, Jr.	1011 Highway 71	Spring Lake, N.J. 07762
Preside	Walter M. Craig, Jr.	1011 Highway 71	Spring Lake, N.J. 07762

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10/26/04 01060--018 **150.00

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: Walter M Craig Jr 10/15/04 732-282 14K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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10/22/04

To:FL. Dept of State

From:Equinox Factors

Re:Corporate Reinstatement File#P03000154318

Please find enclosed check for 2004 taxes due for Equinox Factors for File#P03000154318. Please waive the $600 reinstatement fee as we never received the form to file on time.

Please verify that your records show our mailing address as:

3507 East Frontage Road Ste 115
Tampa, Fl. 33607

This is both as physical address as well as our registered agents' address

Thank you for your help in the above matter

Scott Altman, registered agent