

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED
04 OCT 26 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000154318

1. Corporation Name

Equinox Factors
3507 East Frontage Road
Tampa, FL 33607

2. Principal Office Address
Tampa, FL 33607

3. Mailing Office Address
3507 East Frontage Road

Suite, Apt. #, etc.
115

Suite, Apt. #, etc.
115

City & State
Tampa, FL

City & State
Tampa, FL

Zip Country
33607 United States

Zip Country
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 ☐ \$0.75 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 Zip Code
FL 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/15/04

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
Director	Daniel T. Murphy	1011 Highway 71	Spring Lake, N.J. 07762
Director	Lee Albanese	1011 Highway 71	Spring Lake, N.J. 07762
Director	Walter M. Craig, Jr.	1011 Highway 71	Spring Lake, N.J. 07762
President	Walter M. Craig, Jr.	1011 Highway 71	Spring Lake, N.J. 07762

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)(f), 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/04 732-282 14K
Date Daytime Phone #

CR20081 (01/04)

10/22/04

15 2 22

To: FL. Dept of State

From: Equinox Factors

Re: Corporate Reinstatement File#P03000154318

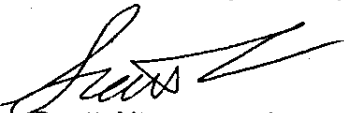
Please find enclosed check for 2004 taxes due for Equinox Factors for File#P03000154318. Please waive the \$600 reinstatement fee as we never received the form to file on time.

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