

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

98 MAR 17 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P23737

1. Corporation Name

FEDERAL COMMERCIAL LEASING CORP.

Principal Place of Business	Mailing Address
5 Becker Farm Road Post Office Box M Roseland, NJ 07068-0912	111 Presidential Blvd Suite 102 Bala Cynwyd, PA 19004

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/05/1989	
City & State		City & State		5. FEI Number	
Zip		Country		22-2306043	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 97-98

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
Pres	Alan Frankel	111 Presidential Blvd.	Bala Cynwyd, PA 19004
Sr. VP	David M. Levin	111 Presidential Blvd.	Bala Cynwyd, PA 19004
Sec.	Beverly Santilli	111 Presidential Blvd.	Bala Cynwyd, PA 19004

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	Name	Corporation Service Company
	Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
	Suite, Apt. #, Etc.	
	City	Tallahassee

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 Deborah R. Skipper As agent Date 3/13/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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

Date

Daytime Phone #

David M. Levin David M. Levin Sr. V.P. 3/10/98 610666-2440

CR2E040 (1/98)