

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P23737

1. Corporation Name

FEDERAL LEASING CORPORATION

Federal Commercial Leasing Corp.

2. Principal Office Address

111 PRESIDENTIAL BLVD

3. Mailing Office Address

PO BOX 982

Suite, Apt. #, etc.

SUITE 215

Suite, Apt. #, etc.

City & State

BALA CYNWYD, PA

City & State

BALA CYNWYD, NJ

Zip

19004

Country

USA

Zip

19004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1989

5. FEI Number

22-3428116

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

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301

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

Laura D. Mudra
REGISTERED AGENT MUST SIGN

Date

11-04-2002

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
P	KARIN MACBRIDE	111 PRESIDENTIAL BLVD	BALA CYNWYD, PA 19004
VP	RICHARD AUNGST	111 PRESIDENTIAL BLVD	BALA CYNWYD, PA 19004
S	BEVERLY SANTILLI	111 PRESIDENTIAL BLVD	BALA CYNWYD, PA 19004
T	MIKE NIXON	111 PRESIDENTIAL BLVD	BALA CYNWYD, PA 19004
D	ANTHONY SANTILLI	111 PRESIDENTIAL BLVD	BALA CYNWYD, PA 19004
D	JEFF RUBEN	111 PRESIDENTIAL BLVD	BALA CYNWYD, PA 19004

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:

R. Aungst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/02

610.949.7094

Daytime Phone #

CR2E081 (9/01)