

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28372

1. Corporation Name

BOX LEASING CORPORATION

2. Principal Office Address

100 East Broad St

Suite, Apt. #, etc.

City & State

Columbus, OH

Zip

43271

Country

US

3. Mailing Office Address

1 Bank One Plaza

Suite, Apt. #, etc.

IL1-0308

City & State

Chicago, IL

Zip

60670

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1990

5. FEI Number

311291606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-03

900019839089
05/23/03--01029--019 **1200.00

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Christine M. Eastwing
REGISTERED AGENT MUST SIGN

Christine M. Eastwing
Assistant Secretary

Date

4/28/03

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
	Please see attached		

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: Charles F. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/03

Daytime Phone #

614/248-6035

CR2E081 (10/02)

Attachment SO# P28372

Attachment: FL Annual Report
Box Leasing Corporation
Control No: P28372

Officers / Directors

William C. Jensen
P/D

16001 N 28th Ave AZ1-2302
Phoenix, AZ 85053

John Samenuk
C/D

201 N Central Ave AZ1-1068
Phoenix, AZ 85004

Timothy J. Finneran
V

100 E Broad St OH1-0252
Columbus, OH 43215

Charles F. Andrews
S

1111 Polaris Pkwy OH1-0152
Columbus, OH 43240

Christopher J. Mohr
AT

100 E Broad St OH1-0252
Columbus, OH 43215