PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 29 PM 2:20

DOCUMENT # P30439

1. Corporation Name
Savin Credit Corporation

W04000014567

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
333 Ludlow Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stamford, CT	City & State
Zip: 06904 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 06-1158840 ☐ 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: C T Corporation System

000035261590
05/03/04--01048--019 **1200.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

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: Sheila Clark SHEILA CLARK Asst. Secy Date: 04/26/2004
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
	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: Thomas Salierno President — 4/1/04 — (203) 967-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

#P30439

Savin Credit Corporation

Officers:

Thomas Salierno, President
333 Ludlow Street
Stamford Harbor Park
P.O. Box 10270
Stamford, CT 06904

Janis Saperstein, Treasurer & Secretary
333 Ludlow Street
Stamford Harbor Park
P.O. Box 10270
Stamford, CT 06904

Board of Directors:

Thomas Salierno
333 Ludlow Street
Stamford Harbor Park
P.O. Box 10270
Stamford, CT 06904

Janis Saperstein
333 Ludlow Street
Stamford Harbor Park
P.O. Box 10270
Stamford, CT 06904

Russell Gough, Director
333 Ludlow Street
Stamford Harbor Park
P.O. Box 10270
Stamford, CT 06904