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

000003526159O
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 — 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