11/18/1999 14:09 CORS → 9224004 NO.266 D02

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING SECRETARY OF STATE
DIVISION OF CORPORATIONS
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99 NOV 18 PM 2:59

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036839

1. Corporation Name
F & F EQUIPMENT LEASING & SALES, INC.

Principal Place of Business
2499 GLADES ROAD
SUITE 308
BOCA RATON, FL 33431

Mailing Address
SAME

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 24, 1987

5. FEI Number: 65-074-8585 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES+ DIRECTOR	FRANK SCANNAVINO	2499 GLADES RD, #308	BOCA RATON, FL 33431
V.P. SECRETARY DIRECTOR	FRANK J. FIORE	5110 PERIGNON WAY	CORAL SPRINGS, FL 33067

8. Name and Address of Current Registered Agent
FRANK SCANNAVINO
5110 PERIGNON WAY
CORAL SPRINGS, FL 33067

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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 _____ Date NOV. 12, 1999
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 of the corporation 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 records of individuals listed as directors do not qualify for an exemption under section 119.07(3)(i), F.S. This information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. AD

SIGNATURE: _____ NOV. 13 1999 (954) 417-0884
Signature and Typed or Printed Name of Individual Officer or Director — Date — Daytime Phone #
FRANK SCANNAVINO, PRESIDENT

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Need Today for Closing Thanks

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

F & F EQUIPMENT LEASING & SALES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00