

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500008818675

11/06/02--01031--012 **750.00



DOCUMENT # P99000039105

1. Corporation Name

EQUITABLE EQUITY LENDING, INC.

Principal Place of Business

633 S. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33301

Mailing Address

633 S. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33301

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
to Do Business in Florida

04/26/1999

5. FEI Number

65-0920798

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALLEN, STUART	20191 E. COUNTRY CLUB DR. APT.	AVENTURA FL 33180
D	EVANS, JAMES D	5420 S.W. 134 DRIVE	MIAMI FL 33156
D	KLEIN, NORMAN S	16025 W. PRESTWICK PLACE	MIAMI LAKES FL 33014
D	LEADER, JERRY	1115 REDWOOD ST.	HOLLYWOOD FL 33019
D	MASUR, WAYNE K	2680 HUNTER COURT	FT. LAUDERDALE FL 33331

8. Name and Address of Current Registered Agent

SPUTE, H W JR.
633 S. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33301

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-29-02

11. 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

Date

Daytime Phone #

CR2040 (8/02)