

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 JUL 17 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044759

1. Corporation Name

ABEL LEASING COMPANY, INC.

600006628526--7  
-07/24/02--01054--032  
\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address

3. Mailing Office Address

2 CORPORATE DRIVE  
Suite, Apt. #, etc.

2 CORPORATE DRIVE  
Suite, Apt. #, etc.

City & State

City & State

CRANBURY, NJ

CRANBURY, NJ

Zip Country  
08512 USA

Zip Country  
08512 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1999

5. FEI Number

223163382

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

CORPORATION SERVICE COMPANY

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

1201 HAYES STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

*[Handwritten Signature]*

Brian Courtney  
Asst. V. Pres.

Date

7/17/02

REGISTERED AGENT MUST SIGN

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
P	JAMES W. BELL, SR	2 CORPORATE DRIVE	CRANBURY, NJ 08512
GM/T	JAMES W. BELL, III	2 CORPORATE DRIVE	CRANBURY NJ 08512

REINSTATEMENT

02 02 78

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
JAMES W. BELL, SR

Date

7/11/02 (609) 860-0400

Daytime Phone #

CR2E081 (9/01)