

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # F01000006591

1. Corporation Name

CITICORP CREDIT SERVICES, INC. (USA)

02 NOV 14 PM 12:30

SECRET
ALLAH

700008999417
11/14/02--01037--022 **150.00



Principal Place of Business

7920 N.W. 110TH STREET
KANSAS CITY MO 64153

Mailing Address

7920 N.W. 110TH STREET
KANSAS CITY MO 64153

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-0413661

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
XCD	KESSINGER, KEVIN	7920 N.W. 110TH STREET	KANSAS CITY MO 64153
S	GABRIEL EBERHARD Olson, David	4500 NEW LINDEN HILL ROAD 7920 NW 110 street	WILMINGTON DE 19808 Kansas City, Mo 64153
T	KUSHTO, GORDON	7920 N.W. 110TH STREET	KANSAS CITY MO 64153
D	Garofalo, Edward	7920 NW 110 street	Kansas City, Mo 64153
D	Kent, Roger	14700 Citicorp Drive	Hagerstown, MD 21742
D	Morton, Gregg	4600 Houston Road	Florence, KY 41042

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

CR2E040 (8/02)

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon Kushto

11/6/02

Date

301 7145454

Daytime Phone #



*Donna M. Rollo
Assistant Vice President and
Senior Paralegal*

*Tel: 718/248-5716
Fax: 718/248-5092
Email: donna.rollo@citicorp.com*

*Citicorp Credit Services, Inc.
One Court Square
41st Floor/Zone 5
Long Island City, NY 11120*

November 6, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Citicorp Credit Services, Inc. (USA)

Dear Sir or Madam:

Enclosed you will find the above corporation's Application for Reinstatement along with the \$150 filing fee. Please note that the prior UBR notices for this corporation were never received and therefore not filed. As such, I am requesting a waiver of the reinstatement fee.

Now that all the appropriate documentation and fees have been paid, please restore this corporation to an active status.

If you have any questions regarding this matter, please feel free to give me a call at 718-248-5716.

Thank you.

Very truly yours,

Donna M. Rollo
Assistant Secretary
Citicorp Credit Services, Inc. (USA)

Dmr-2002(98)