

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

02 APR -9 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**DOCUMENT #**

L99000008225

**1. Limited Liability Company's Name**

FLORIDA LEASING, LLC

**REINSTATEMENT**

2001-  
2002

**2. Principal Office Address**

11540 Highway 92 East

Suite, Apt. #, etc.

City & State

Seffner, FL

Zip

33584

Country

USA

**3. Mailing Office Address**

11540 Highway 92 East

Suite, Apt. #, etc.

City & State

Seffner, FL

Zip

33584

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

11/30/99

**6. FEI Number**

03-0400980

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

David A. Beyer

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

Piper Marbury Rudnick & Wolfe LLP

Suite, Apt. #, Etc.

101 E. Kennedy Blvd., Suite 2000

City

Tampa

State

FL

Zip Code

33602

400005258634-0  
-04/12/02-01102-004  
\*\*\*\*200.00 \*\*\*\*00.00

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*David A. Beyer*

REGISTERED AGENT MUST SIGN

Date

2-13-02

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	R.T.G. Furniture Corp.	11540 Highway 92 East	Seffner, FL 33584

**11. I** certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **R.T.G. FURNITURE CORP.**

Signature of  
Managing Member/Manager **By:**

Lewis Stein, Vice President

Date

3/7/02

Daytime Phone #

813-623-5400

Typed or printed name of signing Managing Member/Manager

R.T.G. Furniture Corp.

CR2E041 (9/01)