

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826673

1. Corporation Name

Citicorp Leasing, Inc.

2. Principal Office Address

450 Mamaroneck Ave.

Suite, Apt. #, etc.

City & State

Harrison, NY

Zip

10528

Country

USA

3. Mailing Office Address

c/o Licensing

Suite, Apt. #, etc.

P.O. Box 31226

City & State

Tampa, FL

Zip

33631-3226

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1971

5. FEI Number

13-2640703

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

CT Corporation System

500082494305

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

1200 South PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Peter Scurea

REGISTERED AGENT MUST SIGN

Date 12-07-06

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	Ellen Alemany	388 Greenwich Street	New York NY 10528
VP	Lisa Bravender	3950 Regent Ave	Irving, TX 75063
S	Curt Scheeltz	450 Mamaroneck Ave	Harrison, NY 10528
AS	Robyn Gomez	3800 Citigroup Dr.	Tampa, FL 33610
D	David Smith	450 Mamaroneck Ave.	Harrison, NY 10528

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 contained in Chapter 119, 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:

Robyn J. Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.11.06

Date

813.604.9336

Daytime Phone #