

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F96000000874**

1. Corporation Name

RENT-A-CENTER OF FLORIDA CO.

Principal Place of Business

Mailing Address

~~8200 EAST THORN DRIVE~~
~~WICHITA KS 67226-2700~~

~~8200 EAST THORN DRIVE~~
~~WICHITA KS 67226-2700~~

5700 Tennyson Pkwy - 3rd fl
Plano, TX 75024

5700 Tennyson Pkwy - 3rd FL
Plano, TX 75024

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

2. New Principal Office Address, If Applicable

5700 Tennyson Pkwy - 3rd FL
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5700 Tennyson Pkwy - 3rd FL
Suite, Apt. #, etc.

City & State

Plano, TX 75024

City & State

Plano, TX 75024

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1996

5. FEI Number

48-1156618

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	UNDERWOOD, RANDY J. Ernest Talley	8200 E-THORN DR. 5700 Tennyson Pkwy - 3rd FL	WICHITA KS 67226 Plano, TX 75024
SVPD SVPD	KIEFFER, JOSEPH S. Mark Speese	8200 E-THORN DR. 5700 Tennyson Pkwy - 3rd FL	WICHITA KS 67226 Plano, TX 75024
VP T	DANIELS, BARBARA J. Robert Davis	8200 E-THORN DR. 5700 Tennyson Pkwy - 3rd FL	WICHITA KS 67226 Plano, TX 75024
S	WESTERHAUS, DOUGLAS B. David M. Glasgow	8200 E-THORN DR. 5700 Tennyson Pkwy - 3rd FL	WICHITA KS 67226 Plano, TX 75024
VP	BAIN, DONALD R	8200 E-THORN DR.	WICHITA KS 67226
AT	GREIF, PHYLLIS H.	8200 E-THORN DR.	WICHITA KS 67226

8. Name and Address of Current Registered Agent

9. Name and Address of Registered Agent

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

Name

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

City

State

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.

Signature of
Registered Agent

Wally

REGISTERED AGENT MUST SIGN

Date

10-25-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 DEC 10 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99-11-18

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