

F 98000000464  
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: L. REIT, INC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TERRY F ANDERSON  
(Name of Person)

L. REIT, INC  
(Firm/Company)

819 W. SHOREWOOD DRIVE  
(Address)

EAU CLAIRE, WI 54703  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 26 AM 8:25  
LC  
1/27

Should you need to call someone concerning this matter, please call:

700002411797--3  
-01/26/98--01087--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

TERRY ANDERSON at (715) 836-8224  
(Name of Person) (Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RECEIVED  
DEPARTMENT OF REVENUE  
LEESBURG OFFICE  
98 JAN 23 PM 12:47

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. L. REIT, Inc  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. WISCONSIN 3. 39-1710949  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/16/91 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 1, 1997  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 819 W SHOREWOOD DRIVE  
EAU CLAIRE, WI 54703-9671  
(Current mailing address)

8. CONTRACT HAULING  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: MICHAEL L. VANCLEAVE  
Office Address: 2001 ROCK SPRINGS ROAD  
APOPKA, FL, Florida, 32712  
(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Michael L. VanCleave  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 26 PM 8:25  
RECEIVED  
DEPARTMENT OF REVENUE  
LEESBURG OFFICE

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 26 AM 8:25

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: LARRY L REIT

Address: 3424 JEFFERS ROAD  
EAU CLAIRE, WI 54703

Vice President: JENNIFER C REIT

Address: 3424 JEFFERS ROAD  
EAU CLAIRE, WI 54703

Secretary: JENNIFER C REIT

Address: 3424 JEFFERS ROAD  
EAU CLAIRE, WI 54703

Treasurer: LARRY L REIT

Address: 3424 JEFFERS ROAD  
EAU CLAIRE, WI 54703

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jennifer Reit Secretary  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JENNIFER C REIT

(Typed or printed name and capacity of person signing application)

RECEIVED  
DEPARTMENT OF REVENUE  
LEESBURG OFFICE  
98 JAN 23 PM 12:11

DFI/CCS/Corp  
Fm 31-A (7/96)

- Printed on Recycled Paper -

RECEIVED  
DEPARTMENT OF REVENUE  
LEESBURG OFFICE

United States of America  
State of Wisconsin

98 JAN 23 PM 12:47

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

L. REIT, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is SEPTEMBER 19, 1991.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 26 AM 8:25

I further certify that said corporation has, during its most recently completed report year, filed with this department an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on JANUARY 14, 1998.



*Richard L. Dean*  
Richard L. Dean, Secretary

Department of Financial Institutions

BY: *W. Skrzyj*

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.