

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -3 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001835

1. Corporation Name

REPUBLIC LEASING CORPORATION

Principal Place of Business

5353 WAYZATA BLVD., #506
MINNEAPOLIS MN 55416

Mailing Address

5353 WAYZATA BLVD., #506
MINNEAPOLIS MN 55416

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

03/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

41-0940841

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--|
| PD | LUTHER, C. DAVID | 16 PADOCK ROAD | EDINA MN 55436 |
| VT | LUTHER, R. DAN | 72 WOODLAND CIRCLE | EDINA MN 55436 |
| S | HILBERT, BARBARA | 4809 ELLIOT AVE S. | MINNEAPOLIS MN 55417 |
| | | | 400003480884-6 -11/30/00-01023-009 ****750.00 ****750.00 |
| | | | TS |

8. Name and Address of Current Registered Agent

POMERANZ, MARK L
12955 BISCAYNE BLVD., #202
NORTH MIAMI FL 33181

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

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

REGISTERED AGENT MUST SIGN

Date 10/31/00

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
Barbara Hilbert

10/26/00

Date

Secretary
763-593-5755

Daytime Phone #

CR2E040 (8/00)