

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F98000001835**

1. Corporation Name

**REPUBLIC LEASING CORPORATION**

Principal Place of Business

Mailing Address

~~5853 WAYZATA BLVD., #506~~  
~~MINNEAPOLIS MN 55416~~

~~5853 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

701 Xenia Avenue S.

3. New Mailing Office Address, If Applicable

701 Xenia Avenue S.

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

Suite 220

City & State

St. Louis Park MN

City & State

St. Louis Park MN

Zip

55416

Country

USA

Zip

55416

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/31/1998**

5. FEI Number

**41-0940841**

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)

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

300004703703--8  
-12/04/01--01032--011  
\*\*\*750.00 \*\*\*750.00

*8/12/99*

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 **11/12/01**

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)(l), 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 #

CR2E040 (8/01)