

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 13 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

DOCUMENT # F98000001835

1. Corporation Name

Republic Leasing Corporation

2. Principal Office Address

701 Xenia Avenue S

3. Mailing Office Address

same as principal office address

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

City & State

St. Louis Park, MN

City & State

Zip

55416

Country

Zip

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

3/6/80

5. FEI Number

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

Mark L. Pomeranz

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

12955 Biscayne Boulevard

Suite, Apt. #, Etc.

202

City

North Miami

State

FL

Zip Code

33181

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

REGISTERED AGENT MUST SIGN

Date

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
PD	David C. Luther	16 Paddock Road	Edina, MN 55436
VT	Dan R. Luther	72 Woodland Circle	Edina, MN 55436
S	Barbara Hilbert	17620 Sunrise Court, 4809 Elliott Avenue South	Prior Lake, MN 55372 Minneapolis, MN 55417

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 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:

Barbara Hilbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/03 763-593-5755

Daytime Phone #

CR2081 (10/02)

8/13