

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**CORPORATION REINSTATEMENT**

**MICROCREDIT FOUNDATION, INC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$481.25 |

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV -5 AM 9:51

DOCUMENT # N03000009089

1. Corporation Name

Microcredit Foundation, Inc.

**REINSTATEMENT 05-09**  
CR2E081 (10/09)

2. Principal Office Address- No P.O. Box #

10350 Bren Road West

Suite, Apt. #, etc.

3. Mailing Office Address

10350 Bren Road West

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida 10/17/2003

City &amp; State

Minnetonka, MN

City &amp; State

Minnetonka, MN

5. FBI Number  
753146348Applied For  
Not Applicable

Zip

Country

55343

U.S.A.

Zip

Country

55343

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐Additional Fee Required  
Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or section 617.0503, F.S.

Signature of  
Registered Agent*Carina L. Duntap*  
REGISTERED AGENT MUST SIGN

Carina L. Duntap

Asst. Vice President

Date

11-04-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>officer and/or Director | City/State/Zip       |
|--------|--------------------------------------|---|----------------------|
| D      | Asad Mahmood                         | c/o Deutsche Bank, 60 Wall St.                    | New York, NY 10005   |
| D,S    | Michael Rauenhorst                   | 10350 Bren Road West                              | Minnetonka, MN 55343 |
| D, T   | Margaret Bozesky                     | 10350 Bren Road West                              | Minnetonka, MN 55343 |
| D,P    | Sophie Bell-Kelley                   | 10350 Bren Road West                              | Minnetonka, MN 55343 |
|        |                                      |   |                      |
|        |                                      |   |                      |

10. E-mail Address: konnie.smith@adlerllc.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

*Sophie Bell-Kelley*

Sophie Bell-Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/09

952-656-4855

Date

Daytime Phone