

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S01945

1. Corporation Name

LARRY'S LEASING, INC.

Principal Place of Business

~~903 EAST TOLUHY AVE--~~
~~SUITE 333--~~
~~DES PLAINES IL 60018--~~

Mailing Address

~~999 EAST TOLUHY AVE--~~
~~SUITE 333--~~
~~DES PLAINES IL 60018--~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3361 Boyington

Suite, Apt. #, etc.

Suite 200

City & State

Carrollton, TX

Zip

75006

Country

USA

3. New Mailing Office Address, If Applicable

3361 Boyington

Suite, Apt. #, etc.

Suite 200

City & State

Carrollton, TX

Zip

75006

Country

USA

REINSTATEMENT *96*

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1990

5. FEI Number

36-3728752

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$87.50 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D / P	LASKY, DAVID E. White, Stanley	999 E TOLUHY AVE, #333 3361 Boyington, Suite 200	DES PLAINES IL Carrollton, TX 75006
VP	MARTI, ALAN--- Serruya, Michael	999 E TOLUHY AVE, #333 3361 Boyington, Suite 200	DES PLAINES IL Carrollton, TX 75006
VPS	TODD, GLEN--- Serruya, Aaron	999 E TOLUHY AVE, #333 3361 Boyington, Suite 200	DES PLAINES IL Carrollton, TX 75006
ASST	RISSMAN, DENNIS VP/AS Nesser, Anita	999 E TOLUHY AVE, #333 3361 Boyington, Suite 200	DES PLAINES IL Carrollton, TX 75006
T	Warner, Pamela	3361 Boyington, Suite 200	Carrollton, TX 75006

8. Name and Address of Current Registered Agent

SCHAEFFER, ALAN J ESQ
C/O GREENBERG TRAURIG
1221 BRICKELL AVE.
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

300002047965--0

Suite, Apt. #, Etc.

-01/07/97--01074--025

***375.00 ***375.00

City

State

Zip Code

FL

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

Alan J. Schaeffer
REGISTERED AGENT MUST SIGN

Date 12/22/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Anita Nesser

Anita Nesser

12/27/96 (972) 788-4788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #