

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 27 PM 3:03

DOCUMENT # **F93000005787**

1. Corporation Name
MOCERI LEASING INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 7305 SOUNDVIEW DR. SUITE 402 GIG HARBOR WA 98335 US	Mailing Address 7305 SOUNDVIEW DR. SUITE 402 GIG HARBOR WA 98335 US
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Handwritten initials



REINSTATEMENT 2003

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 12/21/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 91-0778654
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MOCERI, STEPHEN P	1715 41ST ST PL SE	PUYALLUP WA 98371
VSD	MOCERI, JOANE T	1715 41ST ST PL SE	PUYALLUP WA 98371

300024105013
 10/27/03--01030--010 \$750.00

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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. or 617.0505, F.S.

Signature of Registered Agent: *Jan Curry* REGISTERED AGENT MUST SIGN Date: **10/15/03**

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: *Stephen P. Mose* 10-15-03 953-76-2165
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EQ40 (7/03)