

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000001739

1. Entity Name
MV TRANSIT LEASING, INC.



FILED

08 FEB 18 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1250 SOUTH WILSON WAY, #A-1
STOCKTON, CA 95205

Mailing Address
360 CAMPUS LANE #201
FAIRFIELD, CA 94534
Attn: Tax Department

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
11-3706364

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIAS, MARK
9313 BACHMAN RD
ORLANDO, FL 32824

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City Plantation FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

WASELLA CONDE
SPECIAL ASST. SECRETARY

2-6-08

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PCEO
STREET ADDRESS MONSON, JON
CITY-ST-ZIP 1009 CYPRESSRIDGE PLACE
FAIRFIELD, CA 94534 ☐ Delete

TITLE
NAME
STREET ADDRESS 5306 Bayridge Dr
CITY-ST-ZIP Fairfield, CA 94534 ☒ Change ☐ Addition

TITLE
NAME CFO
STREET ADDRESS RICHARDSON, GARY
CITY-ST-ZIP 2474 BAY HILL CIRCLE
FAIRFIELD, CA 94533 ☐ Delete

TITLE
NAME
STREET ADDRESS 000115807430
CITY-ST-ZIP 01/23/08--01002--010 **900.00 ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS BIARD, JOHN
CITY-ST-ZIP 394-TRAILVIEW CIRCLE
MARTINEZ, CA 94553 ☒ Delete

TITLE
NAME
STREET ADDRESS Secretary
CITY-ST-ZIP Kristin Hanson
3256 MacDonbald St
Napa, Ca 94558 ☐ Change ☒ Addition

TITLE
NAME VP
STREET ADDRESS CALAME, JOHN
CITY-ST-ZIP 10004 ALEGRIA DRIVE
LAS VEGAS, NV 89144 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS Director
CITY-ST-ZIP JON MONSON
5306 Bayridge Dr
Fairfield, CA 94534 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kristin Hanson Secretary

1/16/08

707-863-8980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #