PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~ 2001 UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED 10/2
01 OCT 15 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2001 UBR

DOCUMENT # F95000003569

1. Corporation Name

PAYREEL, INC.

Principal Place of Business	Mailing Address
602 PARK POINT DRIVE SUITE 285 GOLDEN CO 80401 US	P.O. BOX 2101 EVERGREEN CO 80439 US

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
24928 Genesee Trail Road	
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.
City & State: Golden CO	City & State
Zip: 80401 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/24/1995

5. FEI Number: 84-1302031 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	MCLEAN, HEIDI	31218 WHISTLER COURT	EVERGREEN CO 80439
VC	MCLEAN, GORDON	31218 WHISTLER COURT	EVERGREEN CO 80439
D	TORRE, NORMAN	5154 FOXCROFT DRIVE	KALAMAZOO MI 49009

200004669212--3
-11/06/01--01064--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date
REGISTERED AGENT MUST SIGN

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: ~~SIGNATURE~~ REQUIRED 10/11/01 303-526-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PayReel *Payroll* **Plus** *for TV and Film*

Val 2

October 11, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

RE: Document #F95000003569

To Whom It May Concern:

I am writing in response to the notice we received stating that our corporation's status is being revoked in the state of Florida as a result of a failure to file a 2001 corporation annual report/uniform business report form. We never received the original form to submit. Therefore, please accept our application for reinstatement and send whatever forms and information regarding fees due to your state that need to be submitted to my attention.

I am enclosing a check in the amount of $150.00 as instructed by your office.

Sincerely,

Lisa Cobb

Lisa A Cobb
Payroll Administrator

enclosure

PO Box 2101
Evergreen CO 80437-2101

800 352 7397 / 303 526 4900
303 526 4901 fax
info@payreel.com
www.payreel.com