

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:38

DOCUMENT # **F95000003569**

1. Corporation Name

PAYREEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300009046793
11/18/02--01046--014 **750.00

Principal Place of Business

24928 GENESEE TRAIL ROAD, #100
GOLDEN CO 80401
US

Mailing Address

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

84-1302031

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

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

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

Carole Harlan **SIGNATURE REQUIRED**
CAROLE HARLAN

REGISTERED AGENT MUST SIGN

Date 11/1/02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

Date

Daytime Phone #

303-526-4900

CR2E040 (8/02)