

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000004621

1. Corporation Name

MEMBER'S PREFERRED LEASING, LTD. INC.

Principal Place of Business

Mailing Address

1211 NORTH WESTSHORE BLVD. SUITE 500
TAMPA FL 33607

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TAMPA FL 33607

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1998

5. FEI Number

84-1290522

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
PC	BENTLEY, STEVE O	7995 E. HAMPDEN AVE. SUITE 200	DENVER CO 80231
VST	RUNBERG, DAVID B	7995 E. HAMPDEN AVE., STE# 200	LAKEWOOD CO 80215
M	BOUR, JOSEPH	7995 E. HAMPDEN AVE, SUITE 200	DENVER, CO 80231
			300004703513--1 -12/04/01--01024--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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.

CT CORPORATION SYSTEM

BY:
Signature of
Registered Agent

Hiedi M. Liesch

HIEDI M. LIESCH, SPECIAL ASST. SECY.

Date

11/7/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. BOUR

Date

Daytime Phone #

11-5-2001 303-202-3908

CR2E040 (8/01)