

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000091573*

1. Corporation Name

MEMBERCORP, INC.

2. Principal Office Address

290 Quiet Trail Drive
Suite, Apt. #, etc.

3. Mailing Office Address

290 Quiet Trail Drive
Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL.

Zip
32128

Country

City & State

DAYTONA BEACH, FL.

Zip
32128

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/2001

5. FEI Number

253069782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARTHUR P. SKULA

Street Address (P.O. Box Number is Not Acceptable)

290 QUIET TRAIL DRIVE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32128

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Arthur P. Skula

REGISTERED AGENT MUST SIGN

Date

2/24/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

<i>P. Skula</i>	<i>ARTHUR P. SKULA</i>	<i>290 QUIET TRAIL DRIVE</i>	<i>DAYTONA BEACH FL.</i> <i>32128</i>

10. 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:

Arthur P. Skula

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

Daytime Phone #

386-786-8323

CR2E081 (10/02)

gs 2/27

MemberCorp, Inc.
290 Quiet Trail Drive
Daytona Beach, Fl. 32128
Office 386-846-6967
Fax 352-543-0802

MEMBERCORP, INC.

Date 2/24/2003

To: Division of Corporations

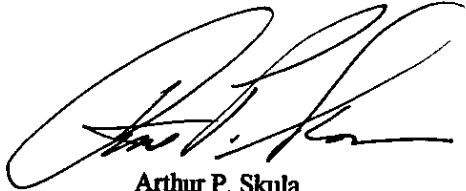
Re: Corporation Reinstatement

Gentlemen,

The following shall serve as a request to reinstate my company, MEMBERCORP, Inc., Document Number P01000091573, for the herein enclosed \$300.00 fee and completed reinstatement form.

As outlined in my telephone conversation to your office, I never received the required "UBR" form. The mailing address was correctly stated as in your records when the corporation was formed in 09/19/2001. At that time my zip code was 32124. Around January 2002, my zip code was changed to 32128. For whatever reason my mail service hasn't been quite the same since.

Thank you for your considerations in this matter.



Arthur P. Skula
President
Membercorp, Inc.