

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000042371

1. Corporation Name
MLR LEASING, INC.

Principal Place of Business 8500 BAYCENTER RD #22 JACKSONVILLE FL 32256	Mailing Address 8500 BAYCENTER RD #22 JACKSONVILLE FL 32256
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip
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4. Date Incorporated or Qualified To Do Business in Florida
05/09/1997 **SP**

5. FEI Number
60-0452047 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED SS 75.00 (10/1/97) Fee required for a certificate of status.

FILED
99 NOV 22 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

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
P	RIOPEL, MICHAEL L.	4446 KINESARDINE AVE	JACKSONVILLE FL 32257

8. Name and Address of Current Registered Agent RIOPEL, MICHAEL L 8500 BAYCENTER RD #22 JACKSONVILLE FL 32256	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
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent *[Signature]* **REQUIRED** Date 11-18-99

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** Date 11-18-99 (904) 737-3595 Daytime Phone #

CFC2540 (8/99)