PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 AUG -4 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 858379

1. Corporation Name
OMNIPLAN, INCORPORATED

900210784899
08/05/11--01021--008 **2250.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1845 Woodall Rodgers Freeway	1845 Woodall Rodgers Freeway
Suite, Apt. #, etc.: Suite 1500	Suite, Apt. #, etc.: Suite 1500
City & State: Dallas, Texas	City & State: Dallas, Texas
Zip: 75201 / Country: USA	Zip: 75201 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/07/1983

5. FEI Number: 751320079 ☐ 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: Registered Agent Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr.

Suite, Apt. #, Etc.: Suite A

City: Tallahassee | State: FL | Zip Code: 32301

REINSTATEMENT

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: Art Folores for Registered Agent Solutions, Inc. Date: 8/5/11
REGISTERED AGENT MUST SIGN

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
P	James T. Housewright	1845 Woodall Rodgers Freeway, Suite 1500	Dallas, Texas 75201
S	D. Michael Hellinghausen	1845 Woodall Rodgers Freeway, Suite 1500	Dallas, Texas 75201

10. E-mail Address: clientservices@rasi.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: James T. Housewright JAMES HOUSEWRIGHT 8/1/11 214 8267082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #