

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC -7 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005274

1. Corporation Name

PAUL RAY BERNDTSON, INC.

100002708421--8
-12/10/98--01008--016

****750.00 ****750.00



Principal Place of Business

301 COMMERCE ST #2300
FT WORTH TX 76102

Mailing Address

301 COMMERCE ST #2300
FT WORTH TX 76102

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1995

5. FEI Number

75-1765152

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC V	RAY, PAUL R SR <i>Posey, Matthew G</i>	301 COMMERCE ST #2300	FT WORTH TX 76102
PCEO	RAY, PAUL R JR	301 COMMERCE ST #2300	FT WORTH TX 76102
DV	RAY, T. BRECK	301 COMMERCE ST #2300	FT WORTH TX 76102
DV	PETTIGREW, H. REECE	301 COMMERCE ST #2300	FT WORTH TX 76102
SV	ORR, R. DOUGLAS	301 COMMERCE ST #2300	FT WORTH TX 76102
D	FOX, AMANDA C	10 SOUTH RIVERSIDE PLACE, SUITE	CHICAGO IL

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

Signature of Registered Agent *Matthew G. Posey*
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible Tax.)

12. 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. [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)(f), 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: *Matthew G. Posey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/18/98 Daytime Phone # 817-334-0500

CR2EM40 (9/98)