

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000005274

1. Corporation Name

PAUL RAY BERNDTSON, INC.

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.

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DC V	RAY, PAUL R SR- Posey, Matthew G	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

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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.

Signature of Registered Agent

Matthew G. Posey
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

(See other side for information on Intangible Tax.)

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

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. [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)(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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98
 Date

817-334-0500
 Daytime Phone #

98 DEC -7 AM 11:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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****750.00 ****750.00



REINSTATEMENT

CR2040 (9/98)