

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 29 PM 2: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006072

1. Corporation Name

COLE LAYER TRUMBLE COMPANY

Principal Place of Business

Mailing Address

2800 WEST MOCKINGBIRD LANE  
DALLAS TX 75235

2800 WEST MOCKINGBIRD LANE  
DALLAS TX 75235



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

2. New Principal Office Address, if Applicable

3199 Klepinger Road

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/23/1999

Suite, Apt. #, etc.

5. FEI Number

75-2846293

Applied For

Not Applicable

City & State

Dayton, Ohio

City & State

Zip

45406

Country

U.S.A

Zip

Country

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)

100003654251-1  
-02/06/01 City/State/Zip--002  
\*\*\*750.00 \*\*\*750.00

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PCD	YEAMAN, JOHN M	2800 WEST MOCKINGBIRD LANE	DALLAS TX 75235
V	MILLER, BRIAN K	2800 WEST MOCKINGBIRD LANE	DALLAS TX 75235
S	MOORE, H. LYNN JR.	2800 WEST MOCKINGBIRD LANE	DALLAS TX 75235
T	MILLER, BRIAN K	2800 WEST MOCKINGBIRD LANE	DALLAS TX 75235
D	OATES, WILLIAM D	2800 WEST MOCKINGBIRD LANE	DALLAS TX 75235
D	BERRY, BRIAN B	1120 JUPITER ROAD, SUITE 1000	PLANO TX 75074

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

Name

Capitol Corporate Services, Inc.

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

1333 North Duval St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

*Delanie Case* SIGNATURE REQUIRED

Delanie Case

Date 1/5/01

REGISTERED AGENT MUST SIGN

asst. sec.

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:

*Brian K. Miller* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/00

Date

214-902-5080

Daytime Phone #

CR2E040 (8/00)