

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005869

Corporation Name

MJB WOOD GROUP, INC.

Principal Place of Business

Mailing Address

9901 E VALLEY RANCH PKWY  
STE 1000  
IRVING TX 75063

9901 E VALLEY RANCH PKWY  
STE 1000  
IRVING TX 75063



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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2783003

Applied For

Not Applicable

City & State

City & State

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	AULDS, JOE H	1792 CRESTVIEW COURT	COPPELL TX 75019
<del>SD</del>	<del>AUXIER, MARK</del>	<del>9212 MILL HOLLOW DR</del>	<del>DALLAS TX 75243</del>
<del>VP</del>	<del>CALDWELL, JOE A</del>	<del>384 CANTON CIRCLE HIGHLAND 8500 AMEN CORNER</del>	<del>VILLAGE TX FLOWER MOUND, TX 75022</del>
<del>VD</del>	<del>BLANCHAT, MICHAEL D</del>	<del>1914 N SPRUCE</del>	<del>LITTLE ROCK AR</del>
S	LITTLE, CHARLES A	707 NETTLETON DR.	SOUTHLAKE, TX 76092

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

Zip Code

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Barbara A. Burke*

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

Date

10-30-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-11-2003 972-401-0005