

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -3 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **848673**

1. Corporation Name

TDC CORP OF FLORIDA

901

2. Principal Office Address

901 MAIN STREET, STE 4900

3. Mailing Office Address

901 MAIN STREET, STE 4900

Suite, Apt. #, etc.

STE 4900

Suite, Apt. #, etc.

STE 4900

City & State

DALLAS, TX

City & State

DALLAS, TX

Zip

75202

Country
USA

Zip

75202

Country
USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/81

5. FEI Number

13-3088213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

900024386059

11/03/03--01087--019 **900.00

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Michael E. Jones

Date **10/20/03**

REGISTERED AGENT MUST SIGN: **Assistant Secretary**

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
CEO	ROBERT E. FEE	901 MAIN STREET, STE 4900	DALLAS, TX 75202
CONTROLLER	MICHAEL J. MURPHY	901 MAIN STREET, STE 4900	DALLAS, TX 75202
VP	DONALD G. SLEEMAN	901 MAIN STREET, STE 4900	DALLAS, TX 75202

10. 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

Michael J. Murphy

Date

10/15/03 214.915.9680

Daytime Phone #

CR2E081 (10/02)