PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 JUL -2 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # F 00000001951

1. Corporation Name
TCI Country Crossing, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
1800 Valley View		1800 Valley View	
Suite, Apt #. etc,		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Dallas	Texas	Dallas	Texas
Zip	Country	Zip	Country
75234		75234	

4. Date Incorporated or Qualified To Do Business in Florida 4/7/00

5. FEI Number
75-2872425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 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 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State	Zip Code
FL	33324

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****308.75 ****308.75

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, VS.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN

Michael E. Jones
Assistant Secretary Date 7-1-02

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		
Acting P/T	Ronald E. Kimbrough	1800 Valley View Lane	Dallas	TX	75234
VP	Louis J. Corna	1800 Valley View Lane	Dallas	TX	75234
S	Robert A. Waldman	1800 Valley View Lane	Dallas	TX	75234
AS	Carolyn Rauner	1800 Valley View Lane	Dallas	TX	75234
D	Ronald E. Kimbrough	1800 Valley View Lane	Dallas	TX	75234
D	Robert A. Waldman	1800 Valley View Lane	Dallas	TX	75234

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 61 T, 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: _____ Ronald E. Kimbrough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-02
Date

469-522-4200
Daytime Phone #

FL010 - 09/18/01 C T System Online