

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FILED

01 OCT 24 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002826

1. Corporation Name

BABCOCK MISSION RANCH, INC.

Principal Place of Business

1800 ST. JAMES, SUITE 206
HOUSTON TX 77056

Mailing Address

1800 ST. JAMES, SUITE 206
HOUSTON TX 77056

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

05/19/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0626372

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSCD	EASTERLING, JAMES M JR.	1800 ST. JAMES, SUITE 206	HOUSTON TX 77056

800004657779--8

-10/29/01/0083--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE REQUIRED
BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date

10-24-01

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)(l), 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 REQUIRED
JAMES M. EASTERLING, JR.
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-01

Date

713-626-1700

Daytime Phone #

CR2040 (8/01)



EASTERLING
DEVELOPMENT
COMPANY, INC.

202

October 23, 2001

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

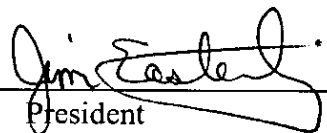
Re: Corporation Name: Babcock Mission Ranch, Inc.
Document Number: F00000002826

Enclosed is the Application for Reinstatement for the captioned corporation and document number. Since I never received a prior notice of the corporation annual report/uniform business report for the captioned corporation, I respectfully request that such corporation be reinstated for a fee of \$150.00. A check for that amount is enclosed herein.

Please notify me of this reinstatement at your earliest convenience. Thank you very much.

Yours truly,

Babcock Mission Ranch, Inc.

By: 
President

JME/th