

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 NOV -7 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005340

1. Corporation Name

TRAJECTA, INC.

9/21/01

Principal Place of Business

Mailing Address

1110 METRIC BLVD., SUITE 700
AUSTIN TX 78758

1110 METRIC BLVD., SUITE 700
AUSTIN TX 78758



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

09/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

74-2762996

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
PD	PERIALAS, PETER C JR.	1110 METRIC BLVD., SUITE 700	AUSTIN TX 78758
VS	NAUGHTON, KEVIN	1110 METRIC BLVD., SUITE 700	AUSTIN TX 78758
COO	FERGUSON, SHEILA	1110 METRIC BLVD., SUITE 700	AUSTIN TX 78758

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REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPITAL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

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.

Signature of Registered Agent Dellanie Case, asst. sec.

Date 11-2-01

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:

Peter C. Perialas, Jr.

Peter C. Perialas, Jr.

11/01/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #