

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB 26 PM 4:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: 7.26.10

DOCUMENT # F01000002895

1. Corporation Name

Huff, Thomas & Company

2. Principal Office Address - No P.O. Box # 4700 Belleview		3. Mailing Office Address 4700 Belleview	
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc. Suite 208	
City & State Kansas City, MO		City & State Kansas City, MO	
Zip 64112	Country USA	Zip 64112	Country USA

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03/01/10--01003--002 **1058.75

REINSTATEMENT
CR2E081 (11/09)

Handwritten: 04-10

4. Date Incorporated or Qualified To Do Business in Florida 5/29/2001

5. FEI Number 43-1810924 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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive, Suite 4

Suite, Apt. #, Etc.

City
Weston

State
FL

Zip Code
33331

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 By: Matt Thompson NRAI Services, Inc. Matt Thompson, Assistant Secretary Date 02/25/2010

REGISTERED AGENT MUST SIGN

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. Huff	5307 Ward Parkway	Kansas City, MO 64112
President	Neeraj Gupta	7980 SW Gearhart Dr.	Beaverton, OR 97007

10. E-mail Address: lorihildebrandt@huffthomas.com
(To be used for future annual report notification)

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, I further certify 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] Date 2/25/2010 Daytime Phone # 816.531.5727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR