

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 FEB 26 PM 4:32

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

600170715846
03/01/10--01003--002 **1058.75

REINSTATEMENT

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

NRAI Services, Inc.

Sy: Matt Thompson

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:

Robert E. Huff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2010

Date

816.531.5727

Daytime Phone #