

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 27 PM 3:57

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # *F0100002964*

1. Corporation Name

Pompano Industrial Center, Inc.

2. Principal Office Address

13155 Noel Road

Suite, Apt. #, etc.

Suite 500

City & State

Dallas, TX

Zip

75240

Country

USA

3. Mailing Office Address

13155 Noel Road

Suite, Apt. #, etc.

Suite 500

City & State

Dallas, TX

Zip

75240

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/2001

5. FEI Number

330965575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

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

FL

Zip Code

33324

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

Date

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
D	David Ridley	13155 Noel Road, Suite 500	Dallas, TX 75240
D P	David Farmer	13155 Noel Road, Suite 500	Dallas, TX 75240
V S	Ronald Ragsdale	13155 Noel Road, Suite 500	Dallas, TX 75240
V AS	Michael Kirby	13155 Noel Road, Suite 500	Dallas, TX 75240
V AS	Kevin Johnson	13155 Noel Road, Suite 500	Dallas, TX 75240
T AS	Tracy Green	13155 Noel Road, Suite 500	Dallas, TX 75240

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/05

972-715-7400

CR2E081 (01/05)