	PLEASE RE	EAD ALL INST	RUCI	IONS BE	FORE	OMPLETI	NG THIS I	-ORM.		
	i Till		LORIDA DEPARTMENT OF STATE		· ·	FILED				
COF	RPORATION	V FORM			· · -					
REIN	STATEMENT	(49)	Secretary of State			08 OCT 17 AM 11: 33				
		VISION OF CORPORATIONS			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
DOCUMENT # DI (01)						1	TALLAHA	SSEE, FLO	pin/	
DOCUMENT #FOL —— 606 2										
To Corporation Matrio						<u> </u>			~	
Knickerbocker Properties Inc. XXXVI							REINSTATEMENTO			
							10013	70131	121	
<u> </u>			3. Mailing Office Address			10/17/0801021005 **300.00				
-	Noel Rd.		13155 Noel Rd.				CR2E081 (10/08)			
Suite, Apt. #, etc. Suite, Apt. #, etc.							nominal or Ouglifio			
			ree Galleria Tower STE 500			4. Date Incorporated or Qualified To Do Business in Florida 3/15/2001				
City & State		1	City & State			5. FEI Number Applied For				
	Pallas, TX		Dallas, TX		Country		223791633		Not Applicable	
Zip	Country	Zip 75040	75240			6. CERTIFICATE	CERTIFICATE OF STATUS DESIGED		ditional Fee required	
75240		<u> </u>		US		<u> </u>		Lor a Co	ertificate of Status	
7. Name and Address of Current Registered Agent Name										
Corporation Service Company						✓ The reinstatement fee is imposed, except in				
Street Address (P.O. Box Number is Not Acceptable)						circumstances which the entity did not receive the prior notices. By checking this box, you				
1201 Hays Street Suite, Apt. #, Etc.						are certifying the prior notices were not				
Suite, Apt.	#, Etc.						ed and reque	esting the re	instatement	
City State Zip Code						tee be	waived.			
Tallahassee FL 32301										
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.								7.0503, F.S.		
Signature of Signa						ent	- 11	115/08	<u> </u>	
Registered Agent REGISTERED AGENT MUST SIGN							Date	77700		
9. Names	and Street Addresses of Each Off	ficer and/or Director (Fl	orida nonpro	ofit corporations	must list at le	ast 3 directors)				
Titles	Name of		Street Address of Each							
	Officers and/or Directors			Officer and/or Director				City / State / Zip	, 	
DP	David Farmer			13155 Noel Rd. Three			Dallas, TX	(}	
									 	
VPS	Ronald Ragsdale 13155 Noel Rd. T					Galleria 🚡	Dallas, TX	<u> </u>		
VAS	Michael Kirby	13155 Noel Rd. Three			Galleria 🖥	Dallas, T	<	}		
D	David Ridley	13155 Noel Rd. Three			Galleria 🚠	Dallas, TX				
VAS	Kevin Johnson	13155	5 Noel Ro	d. Three	 Galleria ∄	Dallas, TX				
TAS	Tracy Green	13155 Noel Rd. Three			_					
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 filling 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 fee									that when filing .S., that all fees	
owed by the corporation have been paid and the names of individuals listed on this form do not challfy for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if										
SIGNATURE: Tracy Green, Treasurer 10/14/08 972-715-7400									-7400	
	SIGNATURE AND TYPE	O OR PRINTED NAME OF	SIGNING OF	FICER OF DIREC	TOR		Date	Daytime Pf	ione #	
										

JC 10/20