

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001948

1. Corporation Name

REALVUE SIMULATION TECHNOLOGIES, INC.

2. Principal Office Address

8601 FM 2222, BLDG.3, S#410

Suite, Apt. #, etc.

City & State

AUSTIN, TX

Zip

78730

Country

WILLIAMSON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

4/18/2002

5. FEI Number

26-0024917

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

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE FL 32301-2525

State

FL

Zip Code

32301-2525

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

Deborah D. Skipper

Deborah D. Skipper
REGISTERED AGENT MUST SIGN **Asst. V. Pres.**

Date **10/30/03**

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
PD	ELLETT, PHILIP D	8601 FM2222, BLDG.3, SUITE 410	AUSTIN, TX 78730
D	FERNANDEZ, MANNY	8601 FM2222, BLDG.3, SUITE 410	AUSTIN, TX 78730
D	ESKANAZI, STEVE	8601 FM2222, BLDG.3, SUITE 410	AUSTIN, TX 78730
D	BUFFA, MICHAEL	8601 FM2222, BLDG.3, SUITE 410	AUSTIN, TX 78730
S	TURNER, DONALD	8601 FM2222, BLDG.3, SUITE 410	AUSTIN, TX 78730

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:

Donald R. Turner **DONALD R. TURNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

(512) 652-0422

FILED
03 OCT 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300024441203
11/05/03--01014--035 **550.00
REINSTATEMENT 03

300024441203
11/05/03--01014--036 **200.00

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