

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000002836

1. Corporation Name

DALLAS COMPUTER SERVICES, INC.

Principal Place of Business

500 NORTH CENTRAL EXPRESSWAY, SUITE 280
PLANO TX 75074

Mailing Address

500 NORTH CENTRAL EXPRESSWAY, SUITE 280
PLANO TX 75074

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Subs. Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Subs. Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/06/2002

5. FEI Number

75-1247529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 additional fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PCD	GRAVES, ROBERT L	500 NORTH CENTRAL EXPRESSWAY, SU	PLANO TX 75074
VD	TALLANT, WALTER B	500 NORTH CENTRAL EXPRESSWAY, SU	PLANO TX 75074
SD	GRAVES, WANDA L	500 NORTH CENTRAL EXPRESSWAY, SU	PLANO TX 75074
T	GRAVES, KEITH	500 NORTH CENTRAL EXPRESSWAY, SU	PLANO TX 75074
D	SNYDER, ARTHUR R	5001 SPRING VALLEY ROAD, LB 23	DALLAS TX 75244

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Subs. Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Michael E. Jones

REGISTERED AGENT MUST SIGN

MICHAEL E. JONES
REG. SEC. 14

Date 10/27/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:

Robert L. Graves

Robert L. Graves President

972-422-3600
10, 22, 03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JK

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

DALLAS COMPUTER SERVICES, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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Corporate Filing

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