

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02000006369

1. Corporation Name

Texas Tech Foundation, Inc.

W09000012624

2. Principal Office Address - No P.O. Box #

1901 University Avenue

3. Mailing Office Address

P.O. Box 45025

Suite, Apt. #, etc.

Suite 406A

Suite, Apt. #, etc.

City & State

Lubbock, TX

City & State

Lubbock, TX

Zip

79410-1556

Country

USA

Zip

79409-5025

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/24/2002

5. FEI Number  
75-6043842

☐ 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

Corporate Access, Inc.

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

236 E. 6th Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☐ 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

*Day B...*

Date

3/18/09

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
C	John C. Owens	4618 5th Street	Lubbock, TX 79416
VC	R. Don Cash	5201 18th Street	Lubbock, TX 79416
S	Nancy E. Jones, Ph.D.	P.O. Box 1001	Abilene, TX 79604
T	Jim Brunjes	P.O. Box 42016	Lubbock, TX 79409
COO	Kelly Overley	P.O. Box 41081	Lubbock, TX 79409
D	A. Lee Pfluger	P.O. Box 1991	San Angelo, TX 76902

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 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 made under oath.

SIGNATURE:

*Kelly Overley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/09

Daytime Phone #

FILED

09 MAR 18 PM 12: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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