FL010 - 1/17/07 C T System Online

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS EDRING OF STATE DIVISION OF CORPORATIONS

	RPORATI STATEM	-		S	DEPART ecretary	of S			<b>97</b> JUL -2 AM 9: 02	
DOCUMENT # F03000002968  1. Corporation Name								·		
R. G. Darby Company, Inc							RE	INSTATEMENT		
2. Principal Office Address - No P.O. Box # 3. Mailing 0 PO Box 2					Milce Address 26957				04-0 CR2E081 (1/07)	
Suite, Apt. #, etc. Suite, Apt. #,					etc.			4. Date Inco	rporated or Qualified siness in Florida 6/6/03	
T1				City & State Dallas, TX				<b>5.</b> FEI Numb	per Applied For	
Zip 35630	Country USA		zip 75222-6957		Count USA	try	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fed required for a Certificate of Status			
Name  C. T. Componation System Street Address (P.O. Box Number Is Not Acceptable)  1200 South Pine Island Road Suite, Apt. #, Etc.  City Plantation						State Zip Code FL 33324			☐ 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 REGISTERED AGENT MUST SIGN Farnell Asst. Secretary Date  The Control of Cont										
9. Names	and Street A	ddresses	of Each Officer an	Nor Director (Flo	rida nonpro	dit corpo	orationa must list at l	east 3 directors)		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			h ur	City / State / Zip	
P	Cliff B. Darby				3110 Kendall Dr				Florence, AL 35630	
Т	Patrick M	œ		3890 W. NW Hwy Ste 500				Dallas, TX 75220		
S	Philip J. I			3890 W. NW Hwy Ste 500				Dallas, TX 75220		
V	Robert E.	······		3890 W. NW Hwy Ste 500				Dallas, TX 75220		
D	Gregory T. Faherty				3890 W. NW Hwy Stc 500				Dallas, TX 75220	
								97/	40010316133 42/0701068002 **1808.7	
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 fees owed by the corporation have been plaid 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-end accurate and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR FRINTED NAME OF SIGNAL OFFICER OR DIRECTOR  Date  Date  Date  Date  Date  Date  Date  Date  Description										