## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED DEC 21 PM 12: 02	
DOCUMENT # F03000005244  1. Corporation Name  UMT Services, Inc.					.E( IAL	INETARY CE STALL LAHASSEE, FLORIDA	
5740 Prospect Avenue, Suite 1000 5740 Prospect Avenue, Suite 1000							
			1	3. Mailing Office Address 740 Prospect Avenue, Suite 1000			
Suite, Apt. #	I, etc.	-	Suite, Apt. #, etc.		4. Date I	ncorporated or Qualified	
· ·			City & State Dallas, TX		5. FEI N		
		try	Ζір 75206	Country USA	6.	Not Applicable      CERTIFICATE OF STATUS DESIRED	
	7. Name and Address of Current Registered Agent						
	Name Capitol Corporate Services, Inc.  Street Address (P.O. Box Number is Not Acceptable) 1333 N. Duval Street Suite, Apt. #, Etc.  City Tallahassee					60004664219E 71570501035020 **759.75 State Zip Code FL 32303	
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							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea						us)	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
P/D	Hollis Greenlaw			5740 Prospect Avenue, Suite 1000		Dallas, TX 75206	
VP/D	Craig Pettit			5740 Prospect Avenue, Suite 1000		Dallas, TX 75206	
S	Christine Griff	fin	5740	5740 Prospect Avenue, Suite 1000		Dallas, TX 75206	
D	Todd Etter		5740	5740 Prospect Avenue, Suite 1000		Dallas, TX 75206	
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-OFFICER OR DIRECTOR  Date  Date							