PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 APR 27 PM 1:22

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000004607

1. Corporation Name

Capital Land Services, Inc.

500152863185
04/27/09--01032--025 **308.75

REINSTATEMENT 08-09KS

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1015 Waterwood Pkwy		609 S. Kelly Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste. E		Ste. D	
City & State		City & State	
Edmond, OK		Edmond, OK	
Zip	Country	Zip	Country
73034	USA	73003	USA

4. Date Incorporated or Qualified To Do Business in Florida: Sept. 13, 2007

5. FEI Number: 73-1244975 ☐ 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: C T Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 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: Jonathan Miles - Asst. Secy. Date: 4-21-09

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
Pres.	Patrick L. Adams	1015 Waterwood Pkwy, Ste. E	Edmond, OK 73034
Secr.	Jo Ann Hauenstein	609 S. Kelly Ave. Ste. D	Edmond, OK 730034

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: Pat Adams — Pat Adams — 4.20.09 — 405-348-5460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #