

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000004185

1. Corporation Name

PANDA-KATHLEEN CORPORATION

Principal Place of Business

SUITE 1001
4100 SPRING VALLEY
DALLAS TX 75244

Mailing Address

SUITE 1001
4100 SPRING VALLEY
DALLAS TX 75244

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PC	CARTER, ROBERT W	4100 SPRING VALLEY, SUITE 1001	DALLAS TX 75244
VST	CARTER, JANICE	4100 SPRING VALLEY, SUITE 1001	DALLAS TX 75244
V	URBAN, BRYAN J	4100 SPRING VALLEY, SUITE 1001	DALLAS TX 75244
V	LINDLOFF, DAROL	4100 SPRING VALLEY, SUITE 1001	DALLAS TX 75244
V	KILLIAN, RALPH T	4100 SPRING VALLEY, SUITE 1001	DALLAS TX 75244
VGC	NORDLUND, WILLIAM C	4100 SPRING VALLEY, SUITE 1001	DALLAS TX 75244

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33323

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Randy A. Shelley

RANDY A. SHELLEY

REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(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:

Harold Lindloff Darol Lindloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

972-980-7159
Daytime Phone #

NOTED - 5 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1994

5. FEI Number

75-2493470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (9/98)