

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 # **F94000004246**

1. Corporation Name  
**TH EQUITIES, INC.**

Principal Place of Business  
**2001 ROSS AVE., STE. 3210-  
DALLAS TX 75201**

Mailing Address  
**2001 ROSS AVE., STE. 3210-  
DALLAS TX 75201**

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

2. New Principal Office Address, If Applicable

**2001 ROSS Ave**

Suite, Apt. #, etc.  
**Ste 3200**

City & State  
**Dallas TX**

Zip  
**75201**

3. New Mailing Office Address, If Applicable

**2001 ROSS Ave.**

Suite, Apt. #, etc.  
**Ste 3200**

City & State  
**Dallas, TX**

Zip  
**75201**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/15/1994**

5. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D/P</b>	<b>BURLESON, THOMAS H. Crow, Harlan R.</b>	<b>2001 ROSS AVE., STE. 3210- Ste 3200</b>	<b>DALLAS TX 75201</b>
<b>G</b>	<b>GAYDOS, KENT</b>	<b>2001 ROSS AVE., STE. 3210- Ste. 3200</b>	<b>DALLAS TX 75201</b>
<b>V</b>	<b>KEYS, BRIAN</b>	<b>2001 ROSS AVE., STE. 3210- Ste 3200</b>	<b>DALLAS TX 75201</b>
<b>T/S</b>	<b>Mostyn, Lynda</b>	<b>2001 ROSS Ave, Ste 3200</b>	<b>Dallas, TX 75201</b>
<b>V</b>	<b>Burleson, Thomas H</b>	<b>2001 Ross Ave, Ste 3200</b>	<b>Dallas, TX 75201</b>
<b>V</b>	<b>Dona, Anthony W.</b>	<b>2001 Ross Ave, Ste 3200</b>	<b>Dallas, TX 75201</b>
			<b>400002484054-4</b>

8. Name and Address of Current Registered Agent

**CT-CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

**CORPORATION SERVICE COMPANY**

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

**1201 Hayes Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301-2607**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**10.31.97**

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:

**Lynda Mostyn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Lynda Mostyn, Treasurer**

Date

Daytime Phone #

FILED

98 APR -9 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

*Handwritten initials*



ACCOUNT NO. : 072100000032

REFERENCE : 774100 4345882

AUTHORIZATION :

*Patricia Papp*

COST LIMIT : \$ 908.75

ORDER DATE : April 8, 1998

ORDER TIME : 10:36 AM

ORDER NO. : 774100-005

CUSTOMER NO: 4345882

CUSTOMER: Melissa Huber, Legal Asst  
Crow Family Holdings  
2001 Ross Avenue  
3200 Trammell Crow Center  
Dallas, TX 75201

DOMESTIC FILINGS

NAME: TH EQUITIES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
98 APR -9 AM 11:32  
DIVISION OF CORPORATION