

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN 26 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F95000002874

**1. Corporation Name**

National Plan Administrators of Texas, Inc.

**2. Principal Office Address** 1101 Capital  
of Texas Hwy S, Bldg E

Suite, Apt. #, etc.

Suite 100

City & State

Austin, Texas

Zip

78746

Country

Travis

**3. Mailing Office Address**

P.O. Box 161630

Suite, Apt. #, etc.

City & State

Austin, Texas

Zip

78716

Country

Travis

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/14/95

**5. FEI Number**

74-2415759

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

Corporation Service Company.

700027546237

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

1201 Hays Street

01/25/04--01016--023 \*\*900.00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

*Georgia Byron*

REGISTERED AGENT MUST SIGN

Date

1-16-04

**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.	George Chall	1101 Capital of Texas Hwy South Bldg E, Ste 100	Austin, TX 78746
V.Pres.	Christopher Stansbury	1101 Capital of Texas Hwy South Bldg E, Ste 100	Austin, TX 78746

**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 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:**

*Ce S J*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04

Date

800-880-2776

Daytime Phone #

CR2E081 (10/02)