

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -5 PM 2:34

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003761

1. Corporation Name
STANFORD GROUP COMPANY

2. Principal Office Address
5050 WESTHEIMER

Suite, Apt. #, etc.

City & State
HOUSTON, TX

Zip
77056

Country
USA

3. Mailing Office Address
5050 WESTHEIMER

Suite, Apt. #, etc.

City & State
HOUSTON, TX

Zip
77056

Country
USA

REINSTATEMENT 05

4. Date Incorporated or Qualified
To Do Business in Florida 8/3/95

5. FEI Number
76-0477228

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

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
TALLAHASSEE

State Zip Code
FL 32301-2525

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

Cynthia L. Harris
REGISTERED AGENT MUST SIGN

Cynthia L. Harris
as its agent

Date 10/5/05

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
P	DANIEL BOGAR	5050 WESTHEIMER	HOUSTON, TX 77056
VP/CF	A. J. RINCON	5050 WESTHEIMER	HOUSTON, TX 77056
SEC.	LENA STINSON,	5050 WESTHEIMER	HOUSTON, TX 77056
D	R. ALLEN STANFORD	5050 WESTHEIMER	HOUSTON, TX 77056

300060258913

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)(l), 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:

Lena Stinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/05

Date

713/964-5244

Daytime Phone #

CR2E061 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 635034 7108850

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 758.75

ORDER DATE : October 5, 2005

ORDER TIME : 11:14 AM

ORDER NO. : 635034-005

CUSTOMER NO: 7108850

REINSTATEMENT

NAME: STANFORD GROUP COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

RECEIVED
05 OCT -5 PM 12:56
STATE
OF FLORIDA
TALLAHASSEE, FLORIDA