

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 NOV 13 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005779**

1. Corporation Name

**LUBAR CORP.**

Principal Place of Business

Mailing Address

8411 PRESTON RD.  
SUITE 600  
DALLAS TX 75225  
US

8411 PRESTON RD.  
SUITE 600  
DALLAS TX 75225  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1995

5. FEI Number

75-2526202

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPS	BARNETT, ELIOT B	8411 PRESTON RD., SUITE 600	DALLAS TX 75225
			100004690781--1
			-11/21/01--01043--007
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE FL 32303

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Deanne Case, asst. sec.*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11-12-01**

11. 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:

*Signature Required*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-9-01**

Date

**214/369-0860**

Daytime Phone #

CR2E040 (8/01)

**FLORIDA FILING & SEARCH SERVICES, INC.**

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

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DATE: 11-13-01

ACCOUNT NO: ~~FGA000000015~~

AUTHORIZATION: ABBIE/PAUL HODGE

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TYPE OF FILING: 2001 UBR

NAME: LUBAR, INC.

SPECIAL INSTRUCTIONS: CHECK FOR \$750.00 ATTACHED

RECEIVED  
01 NOV 13 AM 10:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA