

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

00 FEB -7 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002432**

1. Corporation Name

**1994-N2 FLORIDA GP CORP.**

Principal Place of Business

700 N PEARL ST  
2400 LB342  
DALLAS TX 75201  
US

Mailing Address

700 N PEARL ST  
2400 LB 342  
DALLAS TX 75201  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2661315

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

100003142341520

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
D	KATZ, MICHAEL	111 GREAT NECK ROAD	GREAT NECK NY 11021
D	BERNSTEIN, MATTHEW	280 PARK AVE. - 21W	NEW YORK NY
PD	ADAIR, ROBERT L III	700 N PEARL ST, 2400	DALLAS TX
V	ADAMS, GREGORY M	700 N PEARL ST, 2400	DALLAS TX
<del>V</del> SIT	<del>WAGONER, BRADFORD A</del> ALLYN S. PATRICK	700 N PEARL ST, 2400	DALLAS TX
V	GIESEN, B W II	700 N PEARL ST, 2400	DALLAS TX
V	ANDREW S. DOUGHTIE	" "	" "

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number)

Suite, Apt.

City

State

Zip Code

FL

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

*[Signature]*

REGISTERED AGENT MUST SIGN

**MICHAEL E. JONES**  
**ASSISTANT SECRETARY**

Date **1-27-00**

11. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**B.W. GIESEN, II**

Date

**1-27-00**

Daytime Phone

*[Signature]*

CR2ED40 (8/99)