

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 14 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001406

1. Corporation Name  
OnStat, Inc.

2. Principal Office Address  
1301 South Mopac

3. Mailing Office Address  
1301 South Mopac

Suite, Apt. #, etc.  
Suite 320

Suite, Apt. #, etc.  
Suite 320

City & State  
Austin, Texas

City & State  
Austin, Texas

Zip  
78746

Country  
USA

Zip  
78746

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 03/19/1997

5. FEI Number  
74-2802556

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  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

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

E. A. Wallace  
Assistant Secretary

Date

7/6/04

REGISTERED AGENT MUST SIGN

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/D	Robert D. Starnes	1301 South Mopac, Suite 320	Austin/Texas/78746
V	Cathy Vann	1301 South Mopac, Suite 320	Austin/Texas/78746
T/S	Mark Winter	1301 South Mopac, Suite 320	Austin/Texas/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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1 July 2005

Daytime Phone #

CR2E081 (01/04)