

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUL 28 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F 97000003807

1. Corporation Name

Koppl Company

2. Principal Office Address

222 W. Las Colinas Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State

Irving, TX

Zip

75039

Country

3. Mailing Office Address

222 W. Las Colinas Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State

Irving, TX

Zip

75039

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

7/22/1997

5. FEI Number

95-0909040

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

CT 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

*Courin Beyer*

REGISTERED AGENT MUST SIGN

Date 7-28-00

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.	Ronald Shuff	222 W. Las Colinas Blvd.	Irving, TX 75039
Sec.	John Nanos	Same as above	
Dir	John Nanos	Same as above	
			KE

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

(972) 443-6500

Daytime Phone #