

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 15 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DOCUMENT # F97000003903

1. Corporation Name

CHRINA CORPORATION

700005193327--6
-04/04/02--01073--021
****300.00 ****300.00

2. Principal Office Address

4950 Keller SPRINGS

Suite, Apt. #, etc.

#300

City & State

Addison TEXAS

Zip

75001

Country

USA

3. Mailing Office Address

4950 Keller SPRINGS

Suite, Apt. #, etc.

#300

City & State

Addison, TEXAS

Zip

75001

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/97

5. FEI Number

75-2027483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

INSURANCE COMMISSIONER

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

CAPITAL

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32399

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

Date

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
Pres.	John P. Gutschlag	4950 Keller SPRINGS #300	Addison, TX 75001
Sec.	Kelly Hernandez	4950 Keller SPRINGS #300	Addison, TX 75001
		OL-C2 UBR	
			70

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

Daytime Phone #

GM-SOUTHWEST
STUDENT INSURANCE PLANS

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P.O. Box 801067
Dallas, Texas 75380-1067

(972) 404-0128 • Fax (972) 404-8294
(800) 477-4415

March 14, 2002

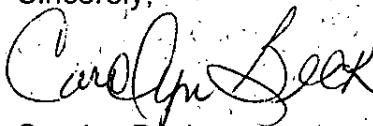
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: F97000003903

Please be advised that we did not receive our 2001 Uniform Business Reports form. As shown on the registered agent information a notification should have been sent to the Insurance Commissioner for the state of Florida and we receive no notification. We are therefore submitting a corporation reinstatement form with the appropriate fees for the 2001 and 2002 reporting period.

If you have any questions or need further clarification, please contact me at 1-800-477-4415 Ext. 104.

Sincerely,



Carolyn Beck