

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 NOV 20 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005734

1. Corporation Name

JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION

Principal Place of Business

Mailing Address

1445 ROSS AVE., STE. 3200
DALLAS TX 75202

1445 ROSS AVE., STE. 3200
DALLAS TX 75202

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

10/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-0865172

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LANEY, DAVID M	1445 ROSS AVE., STE. 3200	DALLAS TX 75202
DV	MICHAEL L. COOK	2200 ONE AMERICAN CENTER, 600 CO	AUSTIN TX 78701
DV	RIVA T. JOHNSON	1445 ROSS AVE., STE. 3200	DALLAS TX 75202
DSV	LESHIN, L. STEVEN	1445 ROSS AVE STE. 3200	DALLAS TX 75202
DVT	DURBIN, WILLIAM P JR.	1445 ROSS AVE., STE. 3200	DALLAS TX 75202

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 is Not Acceptable)

Suite, Apt. #, Etc.

City

State 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

SIGNATURE REQUIRED
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 11/20/2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

300003478713--2
-11/28/00--01088--004
****750.00 ****750.00
11-14-00 214-855-4364

CR2E040 (8/00)