

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

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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; 5. FEI Number 75-0865172; 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include LANEY, DAVID M; MICHAEL L. COOK; RIVA T. JOHNSON; LESHIN, L. STEVEN; DURBIN, WILLIAM P JR.

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

REINSTATEMENT 2000

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 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

300003478713--2 -11/28/00--01088--004 \*\*\*\*\*750.00 \*\*\*\*\*750.00 11-14-00 214-855-4364 Date Daytime Phone #

CR2E040 (8/00)