

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 AUG 11 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006927

1. Corporation Name

AOR SYNTHETIC REAL ESTATE, INC.

Principal Place of Business

Mailing Address

16825 NORTHCHASE DRIVE, SUITE 1300  
HOUSTON TX 77060

16825 NORTHCHASE DRIVE, SUITE 1300  
HOUSTON TX 77060

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/1997

5. FEI Number

76-0556439

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROSS, R. D	16825 NORTHCHASE DRIVE, STE. 130	HOUSTON TX 77060
VD	MORGAN, GEORGE	16825 NORTHCHASE SUITE 1300	HOUSTON TX 77060
VD	<del>BLAUSSARD</del> BROWSSA, BRUCE	16825 NORTHCHASE DRIVE, STE. 130	HOUSTON TX 77060
VD	<del>WATTS, PHILLIP</del>	16825 NORTHCHASE STE 1300	HOUSTON TX 77060
			900040251609 08/17/04--01060--007 **\$900.00
			900040251609 08/17/04--01060--008 **\$8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH RAE ISLAND RD  
PLANTATION FL 32303

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Howard L. Volz  
Asst. Secretary

Signature of  
Registered Agent

*Howard L. Volz*

Date 8-10-04

REGISTERED AGENT MUST SIGN

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04

Date

Daytime Phone #

CR2040 (7/03)