

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

03 DEC 15 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005869

Corporation Name  
MJB WOOD GROUP, INC.

Principal Place of Business	Mailing Address
9901 E VALLEY RANCH PKWY STE 1000 IRVING TX 75063	9901 E VALLEY RANCH PKWY STE 1000 IRVING TX 75063



**REINSTATEMENT** 03

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		10/21/1998
5. FEI Number	75-2783003	Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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
CEO	AULDS, JOE H	1792 CRESTVIEW COURT	COPPELL TX 75019
<del>SD</del>	<del>AUXIER, MARK</del>	<del>9212 MILL HOLLOW DR</del>	<del>DALLAS TX 75243</del>
VP	CALDWELL, JOE A	384 CAFFLAN CIRCLE HIGHLAND 8500 AMEN CORNER	VILLAGE TX FLOWER MOUND, TX 75022
<del>VD</del>	<del>BLANCHAT, MICHAEL D</del>	<del>1914 N SPRUCE</del>	<del>LITTLE ROCK AR</del>
S	LITTLE, CHARLES A	707 NETTLETON DR.	SOUTHLAKE, TX 76092

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. 900024529039 11710703-01007-017 **758.75
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.

Signature of Registered Agent: *Barbara A. Burke*

**BARBARA A. BURKE**  
SPECIAL ASSISTANT SECRETARY

Date: 10-30-03

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

12-11-2003 972-401-0005

Date Daytime Phone #

CR2E040 (7/03)