

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000003570

1. Corporation Name

SALOMON GREY FINANCIAL CORPORATION

Principal Place of Business

5430 LBJ FREEWAY, THREE-UNION CENTER  
1626  
DALLAS TX 75240

Mailing Address

5430 LBJ FREEWAY, THREE-UNION CENTER  
1626  
DALLAS TX 75240

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5430 LBJ FRWY

Suite, Apt. #, etc.

1626

City & State  
DALLAS, TX

Zip  
75240

Country  
USA

3. New Mailing Office Address, If Applicable

5430 LBJ FRWY

Suite, Apt. #, etc.

1626

City & State  
DALLAS, TX

Zip  
75240

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/1999

5. FEI Number

75-2725794

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCT	ROWE, KYLE B	5430 LBJ FREEWAY, SUITE 1626	DALLAS TX 75240
D	ROWE, LAURIE	5430 LBJ FREEWAY, SUITE 1626	DALLAS TX 75240
D	ROWE, MARVIN W	5430 LBJ FREEWAY, SUITE 1626	DALLAS TX 75240
VS	KOUPAS, A. PAUL	5430 LBJ FREEWAY, SUITE 1626	DALLAS TX 75240

8. Name and Address of Current Registered Agent

GUINN, BRIAN A  
127 STRIPER WAY  
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name

W. Everett Mayhew

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

800 US Hwy ONE, SUITE 207A

Suite, Apt. #, Etc.

SUITE 207A

City

N. PALM BEACH

State

FL

Zip Code

33408

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

X W. Everett Mayhew  
REGISTERED AGENT MUST SIGN

Date 10-11-01

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)(l), 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  
KYLE BEBBER

Date

10-11-01 912-980-3710

Daytime Phone #

CR2E040 (8/01)