

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F99000004832

1. Corporation Name

WAYPORT, INC.

2. Principal Office Address

8303 N Mopac, ste A-300

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Austin, TX

City & State

Now

Zip

78759

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/99

5. FEI Number

74-2886905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

E.A. Wallace

REGISTERED AGENT MUST SIGN

Asst Secretary

Date 11/20/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
O/D	Brett Stewart	8303 N Mopac Suite A-300	Austin, TX 78759
D	Jackie Kimzey	13455 Noel Rd, Ste 1670	Dallas, TX 75240
D	Roy Grant	8303 N Mopac, Suite A-300	Austin, TX 78759
D	John Long	2600 Via Fortuna, Suite 150	Austin, TX 78746
O	Paul F. Koffend	8303 N Mopac, Suite A-300	Austin, TX 78759
D	Dave Vucina	8303 N. Mopac, Suite A-300	Austin, TX 78759

10. 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:

Brett Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #