

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG -7 PM 2:29

DOCUMENT # F99000005415

1. Corporation Name

PRACTICAL BUILDING SOLUTIONS 2000, INC.

Principal Place of Business

Mailing Address

4901 KELLER SPRINGS RD
SUITE #111
ADDISON TX 75001

4901 KELLER SPRINGS RD
SUITE #111
ADDISON TX 75001

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

10/11/1999

5. FEI Number

75-2803842

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CPS DS	COKER, CAROLYN	5310 KELLER SPRINGS RD., SUITE 8 4901 Keller Springs Rd Suite 111	DALLAS TX 75248 Addison TX 75001
VV	JONES, JOHN PAUL	1004 LANCASTER ST.	MARSHALL TX 75672
TD VTD	DIERCKS, DALE R	3832 SUFFOLK LANE	PLANO TX 75032
P	Trewin, James H.	4901 Keller Springs Rd. Suite 111	Addison, TX 75001

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DIERCKS, PENNY~~
~~720 BREVARD AVE. SOUTH~~
~~#410~~
~~COCOA BEACH FL 32931~~

Name
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Ave
Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

7/30/01

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Trewin

7-25-01

Date

912-248-6640

Daytime Phone #

CR2E040 (8/00)