

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F99000006346**

1. Corporation Name

APTIS, INC.

Principal Place of Business

7411 JOHN SMITH DRIVE
SUITE 200
SAN ANTONIO TX 78229

Mailing Address

7411 JOHN SMITH DRIVE
SUITE 200
SAN ANTONIO TX 78229

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

12/07/1999

5. FEI Number

74-2901462

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
G	HOLMES, PARRIS H JR	7411 JOHN SMITH DRIVE SUITE 200	SAN ANTONIO TX 78229
P	SIMMONS, KELLY E Chuck Achuff, Jr.	7411 JOHN SMITH DRIVE SUITE 200 700	SAN ANTONIO TX 78229
V	LONG, W. AUDIE Jim Daviels	7411 JOHN SMITH DRIVE SUITE 200 700	SAN ANTONIO TX 78229
V	TUGA, DAVID P Sheila Joiner	7411 JOHN SMITH DRIVE SUITE 200 700	SAN ANTONIO TX 78229
V	HARRELSON, MICHAEL A William Sellers	7411 JOHN SMITH DRIVE SUITE 200 700	SAN ANTONIO TX 78229

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11-27-01

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:

William J. Sellers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-01 210-949-4062

Date

Daytime Phone #

FILED

01 DEC 11 PH 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

CR2040 (8/01)