

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M77583

1. Corporation Name

KATZOFF DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1910 PACIFIC AVE.

Suite, Apt. #, etc.

SUITE 1600

City & State

DALLAS, TEXAS

Zip

75201

Country

USA

3. New Mailing Office Address, If Applicable

1910 PACIFIC AVE.

Suite, Apt. #, etc.

SUITE 1600

City & State

DALLAS, TEXAS

Zip

75201

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 22, 1988

5. FEI Number 65-0046756

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES./ DIR.	DUANE K. CHAMPAGNE	1910 PACIFIC AVE., STE 1600	DALLAS, TEXAS 75201
VP/DIR	DANIEL M. BELL	1910 PACIFIC AVE., STE 1600	DALLAS, TEXAS 75201
SEC./ TRES./DIR	RANDY A. JUST	1910 PACIFIC AVE., STE 1600	DALLAS, TEXAS 75201
DIR	WILLIAM J. THOMAS III	1910 PACIFIC AVE., STE 1600	DALLAS, TEXAS 75201

400002571234--6
-06/24/98--01064--008
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent

Randy A. Schiller
REGISTERED AGENT MUST SIGN

Date

6/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

DUANE K. CHAMPAGNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/98

Date

(972) 761-8070

Daytime Phone #