

APPROVED
AND
FILED

97 APR 10 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR 96-97 FLORIDA DEPARTMENT OF STATE
REINSTATEMENT FOR Sandra B. Mortham
LIMITED LIABILITY COMPANY DIVISION OF CORPORATIONS



Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000307**

Self Funded Strategies, LLC
c/o Winter Brook Holdings, Inc.
75 Kings Highway Cut-Off
Fairfield, CT 06430

1a. Principal Place of Business Address

5201 North O'Connor Blvd.
Suite 400
Irving, TX 75039

2 Principal Place of Business

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

11/2/93

3a. State of Formation

TX

4. FEI Number

75-2505549

Applied For

Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$475 Additional Fee Required

7. Name and Address of Current Registered Agent

Gregory J. Wise
2878 Green Street, Suite 202
Marianna, FL 32447

8. Name and Address of New Registered Agent

Name: Steve Thomas
Street Address (P.O. Box Number is Not Acceptable): 3122 Terrybrook Drive # 501
Suite, Apt. #, etc.: P.O. Box 685
City: Winter Park FL Zip Code: 32790-0685

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

X Steven A. Thomas
REGISTERED AGENT MUST SIGN

Date

4/7/97

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM William B. Harrigan

5215 North O'Connor Blvd.
Suite 300

100002142881--7
-04/14/97--01168--023
****907.50 ****907.50

Irving, TX 75039

MGRM James M. Durkin

5201 North O'Connor Blvd
Suite 400

Irving, TX 75039

REINSTATEMENT 96-97

A. Mann
4-10-97

11 I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

William B. Harrigan Date 4/5/97

Daytime Phone #

~~818-1115~~
972-506-5233

Typed or printed name of signing Managing Member/Manager