

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 OCT 27 PM 1:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P09507**

1. Corporation Name

TEXAS KENDALL CORP.

Principal Place of Business

1220 AUGUSTA
 HOUSTON TX 77057
 US

Mailing Address

1220 AUGUSTA
 HOUSTON TX 77057
 US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

990

4. Date Incorporated or Qualified To Do Business in Florida

03/24/1986

5. FEI Number

76-0176618

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
CD	PARKER, ROBERT F	1220 AUGUSTA	HOUSTON TX
D	CONDREY, WILLIAM V	1220 AUGUSTA, 4TH FLOOR	HOUSTON TX
S	WISE, RHONDA C	1220 AUGUSTA	HOUSTON TX

100003035481--4
 -11/04/99--01082--009
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SO PINE ISLAND RD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date 10-25-99

Assistant Secretary

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99

Date

Daytime Phone #

KE

713-787-3117