

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

NOV 12 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P21114

**1. Corporation Name**

SRF PERSONNEL of Texas, Inc.

**2. Principal Office Address**

520 SILICON DRIVE

**3. Mailing Office Address**

520 SILICON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOUTHLAKE, TX

City & State

SOUTHLAKE, TX

Zip

76092

Country

USA

Zip

76092

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified**

To Do Business in Florida 9/29/1988

**5. FEI Number**

75-2231980

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN Michael E. Jones  
Assistant Secretary

Date 11/10/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WOODWARD, BRUCE P.	520 SILICON DRIVE	SOUTHLAKE, TX 76092
VT	WILLIAMS, RALPH V.	520 SILICON DRIVE	SOUTHLAKE, TX 76092
S	FREDHOLM, CAROLYN	520 SILICON DRIVE	SOUTHLAKE, TX 76092
VP	BARNETT, RON	520 SILICON DRIVE	SOUTHLAKE, TX 76092
D	WILLIAMS, RALPH V.	520 SILICON DRIVE	SOUTHLAKE, TX 76092

**10.** 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  
RON BARNETT

11/5/04

Date

817-442-8200

Daytime Phone #