

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P30324

1. Corporation Name

DECK THE WALLS, INC.

Principal Place of Business

100 GLENBOROUGH DR.,  
14TH FL.  
HOUSTON TX 77067

Mailing Address

100 GLENBOROUGH DR.,  
14TH FL.  
HOUSTON TX 77067

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

07/27/1990

5. FEI Number

76-0311221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A fee is 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
C	JONES, JOHN W.	100 GLENBOROUGH DR., 14TH FL	HOUSTON TX
R	LOWREY, STEVEN W	100 GLENBOROUGH DR., 14TH FLOOR	HOUSTON TX
P	LEAVINE, WILBURN W	100 GLENBOROUGH DR., 14TH FL	HOUSTON TX
V	RICE, JODY V	100 GLENBOROUGH DR., 14TH FL	HOUSTON TX 77067
S	LEKAS, KATHY	100 GLENBOROUGH DR., 12TH FL	HOUSTON TX 77067
V	Williams		

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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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

*Victor Alfano*

VICTOR ALFANO  
REGISTERED AGENT MUST  
ASSISTANT SECRETARY

Date

12/10/99

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:

*Deanne Gantz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-99

Daytime Phone #

FILED

99 DEC 14 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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OFFICERS' HOME ADDRESS

Officer Name/Title	Home Address
John W. Jones - Chairman (FCI)	4527 High Court Circle, Birmingham, AL 35242
Steve Lowrey - President & CEO (FCI)	3914 Brook Shadow Drive, Kingwood, TX 77345
Constance Williams - Executive Vice President (FCI)	HC 75 Box 295, Lamy, NM 87540
Jody V. Rice - Vice President - General Merchandise Manager (FCI)	4489 W. 800 S., Warren, IN 46792
T. Deanne Yartz - Chief Financial Officer (FCI)	851 W. Friar Tuck Lane, Houston, TX 77024