

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36322

1. Corporation Name

SERVICE DEVELOPMENT SYSTEMS, INC.

Principal Place of Business

7701 WILSHIRE PLACE DRIVE
HOUSTON TX 77040

Mailing Address

7701 WILSHIRE PLACE DRIVE
HOUSTON TX 77040

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

11/08/1991

5. FEI Number

76-0340784

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
VPPA	KENNINGHAM, DARYL	7701 WILSHIRE PLACE DR	HOUSTON TX
VP	LOBB, PAT	7701 WILSHIRE PLACE DR	HOUSTON TX
P	HYNES, TOBY	7701 WILSHIRE PLACE DR	HOUSTON TX
D	FRUEN, FRANK X	7701 WILSHIRE PLACE DR	HOUSTON TX
D	PLYE, JERRY H.	7701 WILSHIRE PLACE DR	HOUSTON TX
CCS	ROCHE, KENNETH L. J	7701 WILSHIRE PLACE DR.	HOUSTON TX

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

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

Suite, Apt. #, Etc.

City

State

Zip Code

800026891338
01/13/04--01095--021 **750.00

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. or 617.0505, F.S.

Signature of
Registered Agent

Denise Bell

Denise Bell
Assistant Secretary

Date

1-5-04

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/04

Daytime Phone #

FILED

04 JAN 13 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003

CR2E040 (7/03)