

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

27 DEC 19 11 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000096643**

1. Corporation Name

**CYCLE SPECTRUM HT, INC.**

Principal Place of Business

**13990 WESTHEIMER RD  
HOUSTON TX 77077**

Mailing Address

**9848 RUBIN HILLS  
DALLAS TX 75238  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/18/1995**

5. FEI Number

**75-2636525**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	SANDOR, DAVE	719 CHELTENHAM	KATY TX 77450
VP	KELLER, JEFF	1739 VASSAR #5	HOUSTON TX 77098
T	PRATT, BECKIE	9848 RUBIN HILL	DALLAS TX 75238
S	SPRATT, COURTNEY	176 SUMMERFIELD	PONTE VERDE BEACH FL 32082
		<b>REINSTATEMENT</b>	47
			64 12-12-97

8. Name and Address of Current Registered Agent

**SPRATT, COURTNEY  
176 SUMMERFIELD DR  
PONTE VEDRA BEACH FL 32082**

9. Name and Address of New Registered Agent

Name

**000002375750-3**

**-12/17/97-01111-003**

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

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

*Courtney Pratt*

REGISTERED AGENT MUST SIGN

Date **12-09-97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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

*Courtney Pratt*

Date

Daytime Phone #

**12/09/97** **904) 273-6943**