

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 30 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051562

1. Corporation Name

FOUNTAINHEAD, INC.

Principal Place of Business

Mailing Address

3100 MONTICELLO
SUITE 200
DALLAS TX 75205

3100 MONTICELLO
SUITE 200
DALLAS TX 75205

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

06/11/1997

5. FEI Number

13-3958114

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 3	4
CEOP	FRIEDMAN, WILLIAM S	280 PARK AVE EAST BLDG 20TH FLOOR 1775 Broadway, 23rd Floor	NY NY 10017 10019
SV	MANSFIELD, KATHRYN	3100 MONTICELLO, SUITE 200	DALLAS TX 75205
CFOV	DAVIS, ERIN	3100 MONTICELLO, SUITE 200	DALLAS TX 75205
TV	MINOR, TODD	3100 MONTICELLO, SUITE 200	DALLAS TX 75205

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

BUILDERS, J L JR
369 N. NEW YORK AVENUE
3RD FLOOR
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name
CT Corporation
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City
Plantation
State
FL
Zip Code
33324

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]
C. Morales
Special Asst. Secretary
REGISTERED AGENT MUST SIGN

Date 10/24/00

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

10/24/00
Date

214-599-2200
Daytime Phone #

CR2ED40 (8/00)