

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:37

DOCUMENT # P97000053917

1. Corporation Name

FMC REALTY, INC.

Principal Place of Business

Mailing Address

6 EAST 5TH STREET
SUITE 700
TULSA OK 74103-4444

6 EAST 5TH STREET
SUITE 700
TULSA OK 74103-4444

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2642 E 21st

Suite, Apt. #, etc.

Suite 240

City & State

TULSA, OK

Zip

74114

Country

USA

3. New Mailing Office Address, If Applicable

2642 E 21st

Suite, Apt. #, etc.

Suite 240

City & State

TULSA, OK

Zip

74114

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1997

5. FEI Number

75-1524805

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
D	MANN, P T	6 EAST 5TH ST STE 700 2642 E 21st Ste 240	TULSA OK 74103 74114
D	BOURGEOIS, KIRBY J	6 EAST 5TH ST STE 700 2642 E 21st Ste 240	TULSA OK 74103 74114
D	MANN, LINDA	6 EAST 5TH ST STE 700 2642 E 21st Ste 240	TULSA OK 74103 74114
			800003463358--8 11/15/00 01002-005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/25/00

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:

P. Thomas Mann P. THOMAS MANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 918 549-9998

Date

Daytime Phone #

CR2E040 (8/00)