PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 22 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020586

REINSTATEMENT

1. Corporation Name

OAK PARK, INC.

2. Principal Office Address	3. Mailing Office Address
3300 S FM 1788	3300 S FM 1788
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Midland, TX	City & State: Midland, TX
Zip: 79706 Country: U.S.A.	Zip: 79706 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 3/4/1998

5. FEI Number: 65-0816578 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
600025828688
12/30/03--01011--016 **8.75

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
600025828688
12/30/03--01011--015 **70.00

Suite, Apt. #, Etc.

City: Tallahassee, State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Brian Courtney Date: 12/22/03
REGISTERED AGENT NAME & TITLE: Asst. V. Pres.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CHMN	MICHAEL C. PIERCE, MD	4207 HWY 290 EAST	DRIPPING SPRINGS, TX 78620
P	JOHN P. HARCOURT, JR	4207 HWY 290 EAST	DRIPPING SPRINGS, TX 78620
D	JAMES MACK WIGLEY	4207 HWY 290 E.	DRIPPING SPRINGS TX 78620

10. 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: JOHN P. HARCOURT 12/15/03 512 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FROM :GREGG C WADDILL III FAX NO. :512 329 8581 Dec. 15 2003 02:01PM P15