

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

00 NOV 30 AM 11:23

 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P98000055853

1. Corporation Name

QUESTAR PHILADELPHIA, INC.

2. Principal Office Address

2200 ROSS AVE.

Suite, Apt. #, etc.

SUITE 3600

City & State

DALLAS, TX

Zip

75201

Country

USA

3. Mailing Office Address

2200 ROSS AVE.

Suite, Apt. #, etc.

SUITE 3600

City & State

DALLAS, TX

Zip

75201

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/1998

5. FEI Number

59-3520535

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

NRAI SERVICES, INC

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

5240 EAST PARK AVENUE

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

C. Baclet

C. Baclet, Vice President

Date 11-30-00

REGISTERED AGENT MUST SIGN

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
D, CEO	MARK L. WAGAR	2200 ROSS AVE, SUITE 3600	DALLAS, TX 75201
P, COO	MARK S. MARTIN	2200 ROSS AVE, SUITE 3600	DALLAS, TX 75201
S, D	PAUL M. JOLAS	2200 ROSS AVE, SUITE 3600	DALLAS, TX 75201
VP	DAVID W. YOUNG	2200 ROSS AVE, SUITE 3600	DALLAS, TX 75201
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. YOUNG

Date

11-29-00

Daytime Phone #

214-303-2776