

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 27 PM 5:22

DOCUMENT #

1. Corporation Name

Saguaro Holdings Corporation

**REINSTATEMENT**

04-06

CR2E081 (12/05)

2. Principal Office Address

5700 W Plano Parkway

3. Mailing Office Address

5700 W Plano Parkway

Suite, Apt. #, etc.

1000

Suite, Apt. #, etc.

1000

City & State

Plano, TX

City & State

Plano, TX

Zip

75093

Country

USA

Zip

75093

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1992

5. FEI Number

65-0755455

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

Stewart A. Merkin, Esq.

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

444 Brickell Avenue

Suite, Apt. #, Etc.

Suite 300

City

Miami

State  
FL

Zip Code

33131

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 1/26/06

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
President	Jason Freeman	5700 W Plano Pkwy, Suite 1000	Plano, TX 75093
Vice President	Richard S. Gregory	5700 W Plano Pkwy, Suite 1000	Plano, TX 75093
Secretary	Jason Freeman	5700 W Plano Pkwy, Suite 1000	Plano, TX 75093

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 contained in Chapter 119, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON FREEMAN

Date

1/25/06

Daytime Phone #

(972) 381-2777