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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F0000006158

1. Corporation Name  
Facservices, Inc.

2. Principal Office Address  
1901 North Glenville Dr.  
Suite Apt. #, etc.  
Suite 702  
City & State  
Richardson, TX  
Zip  
75081  
County  
USA

3. Mailing Office Address  
1901 North Glenville Drive  
Suite Apt. #, etc.  
Suite 702  
City & State  
Richardson, TX  
Zip  
75081  
County  
USA

REINSTATEMENT

01-04  
MRS

4. Date Incorporated or Qualified To Do Business in Florida  
11/03/2000

5. FRI Number  
75-2623098  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS REQUIRED  SD 75 Submitted by corporation in a jurisdiction of state

7. Name and Address of Current 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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent  
*Connie Bryan, Special Auth Secretary*  
REGISTERED AGENT MUST SIGN  
Date  
9/9/04

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

Year	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		

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 118.07(3)(f), 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: *Connie V. Han*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR  
Connie V. Han, Vice President  
Date  
09/08/2004  
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)

<u>Titles</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City/State/Zip</u>
D/VP	Jennifer Y. Han	One Centennial Avenue	Piscataway/NJ/08855
D/EVP	J. Paul McGrath	One Centennial Avenue	Piscataway/NJ/08855
VICE CEO/P/S/T	Robert W. Goodreau	1901 North Glenville Dr. Suite 702	Richardson/TX/75081
CEO	Jimmie L. Mayhew	1901 North Glenville Dr. Suite 702	Richardson/TX/75081
EVP	W. Craig Kissel	One Centennial Avenue	Piscataway/NJ/08855
EVP	R. Scott Massengill	One Centennial Avenue	Piscataway/NJ/08855
VP	Nicholas A. Anthony	One Centennial Avenue	Piscataway/NJ/08855
VP	John Conover	One Centennial Avenue	Piscataway/NJ/08855
Asst. Tr.	Marilyn A. Gargano	One Centennial Avenue	Piscataway/NJ/08855

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**Florida Department of State**  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**FACSERVICES, INC.**

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