PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 8

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835755

1. Corporation Name

ITEQ Storage Systems, Inc.

Principal Place of Business	Mailing Address
4422 FM 1960 West, Suite 350 Houston, Texas 77068	4422 FM 1960 West, Suite 350 Houston, Texas 77068

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

FILED
00 MAR 10 PM 4:28
DO NOT WRITE IN THIS SPACE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 2/16/96

5. FEI Number 41-0947959 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
P/CBO/S/D	William P. Reid	2727 Allen Parkway, Suite 760	Houston, TX 77019
VP	Gary Teach	4422 FM 1960 West, Suite 350	Houston, Texas 77068
Asst. S	Don Schortgen	2727 Allen Parkway, Suite 760	Houston, TX 77019
D	Mark E. Johnson	2727 Allen Parkway, Suite 760	Houston, TX 77019
			LS

8. Name and Address of Current Registered Agent

CT Corporation System CT Corpolation System
1200 S. Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
400008179564--0
Suite, Apt. #, Etc. -03/22/00--01037--011
City State: FL Zip Code
*****78.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0306, F.S.

Signature of Registered Agent Connie Bryan Connie Bryan Special Asst. Sec Date 3-10-00
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the reporter 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., and that all fees owed by the corporation have been paid. 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: William P. Reid 3-8-00 713-285-2700
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL.010 - CT System Online

William P. Reid, President, CEO and Secretary