


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

~~APPLICATION FOR REINSTATEMENT~~



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

FILED 10/3
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 OCT 18 PM 6:45

DOCUMENT # **F0000005304**

1. Corporation Name
PROBEX FLUIDS RECOVERY, INC.

Principal Place of Business 13355 NOEL ROAD, SUITE 1200 DALLAS TX 75240	Mailing Address 13355 NOEL ROAD, SUITE 1200 DALLAS TX 75240
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida 09/20/2000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 75-2877047 Applied For. <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PLASKETT, THOMAS G	13355 NOEL ROAD, SUITE 1200	DALLAS TX 75240
VD	PIERCE, PHIL	13355 NOEL ROAD, SUITE 1200	DALLAS TX 75240
VSD	HALL, BRUCE A	13355 NOEL ROAD, SUITE 1200	DALLAS TX 75240

PLEASE REFER TO ATTACHED SCHEDULE OF DIRECTORS AND OFFICERS

6000004663599-2
 -11/02/01--01012--007
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 10-12-01 972-788-4772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

293

Probex Fluids Recovery, Inc.
Federal ID# 75-2877047

Directors

Charles M. Rampacek
David J. McNiel
Bruce A. Hall

Officers

Charles M. Rampacek	President and Chief Executive Officer
Bruce A. Hall	Senior Vice President, Secretary and Chief Financial Officer
Michael Mosura	Senior Vice President and General Manager
John N. Brobjorg	Vice President and Controller

Address of Directors and Officers

13355 Noel Road
Suite #1200
Dallas, TX 75240
(972)788-4772

Probex Fluids Recovery, Inc.
13355 Noel Road, Suite 1200
Dallas, TX 75240
(972) 788-4772

393

October 12, 2001

Department of State
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam,

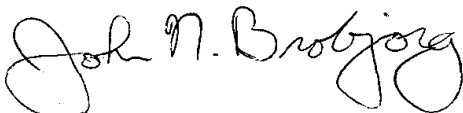
I have just received your Florida Department of State "Notice of Administrative Dissolution or Revocation" letter. In the "Important Facts" section of this letter, there was a statement that said both the initial annual report package and a second notice letter were sent to us earlier in the year. Please note, we had not received any correspondence from you until this "Notice of Administrative Dissolution or Revocation" letter. If we had, we would have filed all required reports in a timely matter.

Probex Fluids Recovery, Inc. is a relatively new company and we are trying to do the proper state filings in all of the states that we do business in, including Florida. We had not yet put in place a state filing system to file annual reports in states which we did not receive report forms in the mail. We have taken measures to correct this. We take our state compliance reporting very seriously and want to do the right thing.

I called the State of Florida Annual Report / Reinstatement Section Department this morning and told them what I have written above, and was told to send you this letter explaining our situation, the completed "Application for Reinstatement" and a check for \$150.00. Please review the circumstances why we did not receive the initial annual report package and a second notice letter earlier this year, and confirm that we will receive all future correspondence from you. Our mailing address is correct on the "Notice of Administrative Dissolution or Revocation" letter that I received today. Please do consider that for a small company like ours, just starting out, that the \$750.00 typically required to reinstate a profit corporation is a lot of money. Please accept this application and check for \$150.00 to satisfy the State of Florida annual report filing requirements.

Thank you.

Sincerely,



John N. Brobjorg
Vice President and Controller