

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 8:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003913**

1. Corporation Name
BHG INVESTMENTS, INC.

Principal Place of Business
 3131 E. HOLCOMBE
 HOUSTON TX 77021

Mailing Address
 PO BOX 14200
 HOUSTON TX 77221-4200
 US



REINSTATEMENT 02

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	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		08/14/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		76-0477785	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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
DPS	LEVIT, GERALD A	3131 E. HOLCOMBE	HOUSTON TX 77021
D	LEVIT, DONALD N	3131 E. HOLCOMBE	HOUSTON TX 77021
D	GOETZ, LYNN L	3131 E. HOLCOMBE	HOUSTON TX 77021
D	SILVER, JAN L	3131 E. HOLCOMBE	HOUSTON TX 77021
D	TALISMAN, JILL L	3131 E. HOLCOMBE	HOUSTON TX 77021
D	LEVIT, BENJAMIN R	3131 E. HOLCOMBE	HOUSTON TX 77021

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 300008836423	
		11/06/02--01121--024 **750.00	
		City	State Zip Code
			FL

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. or 617.0505, F.S.

Signature of Registered Agent: *Barbara A Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY Date: 11-5-02
 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: *Gerald A. Levit* **GERALD A. LEVIT** Date: 10-28-02 Daytime Phone #: 713-747-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)