


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 28 NOV 20 PM 5:22 REINSTATEMENT STATE TALLAHASSEE FLORIDA	
DOCUMENT # 840072 1. Corporation Name Comsys Technical Services, Inc.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 4400 Post Oak Parkway, Suite 1100 Houston, Texas 77027		Mailing Address 4400 Post Oak Parkway, Suite 1100 Houston, Texas 77027			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			
		4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 75-1300240 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$2.75 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 (Do NOT Use Post Office Box Numbers)
	PRES		RICHARD A. PAOLICELLI		4400 POST OAK PARKWAY, #2300
	Sr. V.P./SEC		PETER T. DAMERIS		4400 POST OAK PARKWAY, #1100
	Sr. VP		EDWARD L. PIERCE		4400 POST OAK PARKWAY, #1100
	VP		MARGARET G. REED		4400 POST OAK PARKWAY, #1100
	VP		ROBERT W. LEWEY		4400 POST OAK PARKWAY, #1100
REINSTATEMENT 97-98					
8. Name and Address of Current Registered Agent C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324				9. Name and Address of New Registered Agent Name: 36 11-23-98 Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: 7000002639907--1 City: 12/02/98 State: FL Zip Code: 33000	
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: <u>Connie Bryan</u> SPECIAL ASSISTANT SECRETARY Date: <u>11/20/98</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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: <u>Peter Dameris</u> Senior Vice President Date: <u>11.17.98</u> Daytime Phone #: <u>713-548-3400</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR					