

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		JUN 29 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000002921250--3 -07/01/99--01080--010 *****900.00 *****900.00 REINSTATEMENT	
DOCUMENT # 855204					
1. Corporation Name Eagle Cement Corporation					
Principal Place of Business One Riverway, Suite 2200 Houston, Texas 77056			Mailing Address One Riverway, Suite 2200 Houston, Texas 77056		
Below 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		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business In Florida 1-12-83	
				5. FEI Number 52-1279101	
				6. Certificate of Status Desired ☐ Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip	
	Director	Francisco Garza	Ave. Constitucion 444 Pte. Apdo Postal 392	Monterrey, N.L., Mexico 64000	
	Director + President	Gilberto Perez	Ave. Constitucion 444 Pte. Apdo Postal 392	Monterrey, N.L., Mexico 64000	
	Treasurer	Jeffrey H. Smith	One Riverway, Suite 2200	Houston, Texas 77056	
	Director + Secretary	Ramiro Villarreal	Ave. Constitucion 444 Pte. Apdo Postal 392	Monterrey, N.L., Mexico 64000	
	Asst. Secretary	Marco A. Moreno	Ave. Constitucion 444 Pte. Apdo Postal 392	Monterrey, N.L., Mexico 64000	
8. Name and Address of Current Registered Agent CT Coporation System 1200 S. Pine Island Road Plantation, FL 33324					
9. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:					
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> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date: <u>6/29/99</u>					
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, 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 of 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. Jeffrey H. Smith, Treasurer					
SIGNATURE: <u>Jeffrey H. Smith</u> Jeffrey H. Smith SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date: <u>6/29/99</u> 713/881-1105 Daytime Phone					