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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 24 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

DOCUMENT # 551510

1. Corporation Name
KLEIN, BURY, REIF APPLEBAUM & ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
363 N. SAM HOUSTON PKWY E.	363 N. SAM HOUSTON PKWY E.
Suite, Apt. #, etc. SUITE 900	Suite, Apt. #, etc. SUITE 900
City & State HOUSTON, TX	City & State HOUSTON, TX
Zip 77060 Country USA	Zip 77060 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/12/1977

5. FEI Number 59-1779907 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $87.5 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City PLANTATION | State FL | Zip Code 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Stephanie Allison Date 11/20/09
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/P	CHARLES F. SCHUCART	363 N. SAM HOUSTON PKWY E SUITE 900	HOUSTON, TX, 77060
CFO	CHARLES A. DURRETT	363 N. SAM HOUSTON PKWY E SUITE 900	HOUSTON, TX, 77060

10. 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 contained in Chapter 119, 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: Charles A. Durrett CHARLES A. DURRETT 11/19/09 713-653-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/04/2009 CT System Online

DC 11/24

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6384

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Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT

KLEIN, BURY, REIF, APPLEBAUM & ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$750.00~~ $150.00