: PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION »~ FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

838348

1. Corporation Name

THE GREAT FRAME UP SYSTEMS, INC.

Principal Place of Business

Mailing Address



FILED

01 APR 16 AM 10: 40

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

14TH FL			HOUSTON T	HOUSTON TX 77251-87						
HOUSTON US If above a	-	incorrect in any way, lir	US ne through incorrect in	nformation a	nd enter correction bel	H	CWI	AIEMENT	00-0	
New Principal Office Address, If Applicable Suite, Apt. #, etc.			3. New Maili	New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 05/04/1977			
City & State			City & State				5. FEI Number Applied For Not Applicable 6.			
Zip	_	Country	Zip		Country		T-		75 Additional Fee required or a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer	and/or Director (Flo	rida nonprof	it corporations must lis	t at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3			···	City / State / Zip		
PD	LEAVINE, WILBURN W			100 GLENBOROUGH DR, 14TH FL				HOUSTON TX 77067	· · · · · · · · · · · · · · · · · · ·	
CEOD	D LOWREY, STEVEN W			100 GLENBOROUGH DR, 14THFL				HOUSTON TX 77067		
CFO	Fo Manis, Matthew			100 Glenborough Dr 14th			- 144	Houston 17 17067		
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	···							-04/24/01 ****900.00	01036018	

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) ~1200 S. PINE ISLAND ROAD Suite, Apt. #, Etc. PLANTATION FL 33324 City State 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

REGISTERED AGENT MUST SIGN

4-2-2001

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.