PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			O2 FEB 27 AM JO: 00			
DOCUMENT # F00000002368 1. Corporation Name The Concours Group of Dolaware, Inc									
The Concours Group, Inc.					9000050741298 -03/08/0201085009 ****150.00 ****150.00				
2. Principal Office Address 3.			3. Mailing Office Address			وساد بحريات الداري ويمدل الما	A management of the second of		
800 Rockmean Drive			800 Rockmean Drive		- COLUMBINATION - OL-OT				
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
151			151		4. Date Incorporated or Qualified To Do Business in Florida 02/07/2000				
City & State	e		City & State		03/07/2000				
Kingwood, TX			Kingwood, TX		5. FEI Number Applied For 76-0521812- Not Applicable				
Zip	1	Country	Zip	Country	6.	772			
7733 9	1	USA	77337	USA		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
1133		OBA			nd Agont				
7. Name and Address of Current Registered Agent Name									
	CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 3/08/02-01085-010								
	1200 South Pine Island Road					-U3/U6/U; ****750			
	Suite, Apt. 1					37.00.00.1.11			
						,			
	City Plantat	tion				FL Zip Code 33324			
	PETER F. SOUZA								
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	Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
	CIVAR	lman~							
CEO_	= Chstman, Ron 800 Rockmea Drive #1			51 Kingwood, TX 7733 9					
	SEE	ATTACHED	LIST		;				
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VCFO	l	Jeffrey J	800	0 Rockmear Drive #1	151	Kingwood, T	TX 7733 7		
	A. allent	nego Tradelle 177		The second secon	L. C.		• • •		
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 filling 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.									
\mathcal{N}									
SIGNA	TURE: _	IGNATURE AND PYPED OR PI	RINTED NAME OF SIGNIN	NG OFFICER OR DIRECTOR	//>	-3/02 Date	281.359.3464 Daytime Phone #		





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President & CEO

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