PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

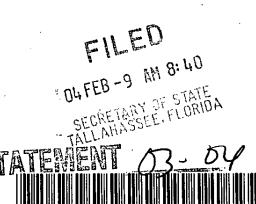
F00000005467 DOCUMENT

1. Corporation Name

HOUSTON-CARLTON HOUSE, INC.

| Principal Place of Business | N |
|-----------------------------|---|

Mailing Address



| STE 45 HOUSTON TX •77025-3340 If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail | | | HOUSTON TX | X 77025-3340 | | 500027398646 81/22/0401019002 **750,00 | | | |
|---|-------------------------|-------------------------------|-----------------------------------|---|--|---|---|--|--|
| | | | ing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 09/26/2000 | | | | |
| Suite, Apt. #, etc. Suite, Ap | | Suite, Apt. #, | | | 5. FEI Number App. 74_1970443 | | Applied For | | |
| City & State Cit | | City & State | y & State | | | | Not Applicable | | |
| Zip | | Country | Zip | | Country | | OF STATUS DESIRED S | 6.75 Additional Fee required for a Certificate of Status | |
| 7. Names | and Street Ad | dresses of Each Officer and | I/or Director (Flo | rida nonprofi | t corporations must list at lea | ast 3 directors) | ~~~~ | | |
| Title(s) | | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| Р | SCHLOSE | R, RAFAEL | | 4155 S. B | RAESWOOD, STE 45 | HOUSTON TX | | | |
| VS | APELOIG, MARCEL 4155 S. | | | 4155 S. B | RAESWOOD, STE 45 | | HOUSTON TX | | |
| CTD SCHLOSER-APELOIG, SILVIA | | | 4155 S. BRAESWOOD, STE 45 | | | HOUSTON TX | | | |
| 1.01 | | | | | | 50 02/03/ | 00273988 0401055003 | 545 ** ^{150.00} | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | Street Address (| Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PL'ANT | ATION FL 3 | 3324 | | | Suite, Apt. #, Etc | <u> </u> | Sta F | | |
| 10. 1, being | g appointed th | ne registered agent of the at | oove named corp | oration, am fa | amiliar with and accept the c | obligations of Sect | ion 607.0505, F.S. or 617.05 | 505, F.S. | |
| Signature o Registered | | Denise | REGISTERED AC | SENT MUST | Denis _{SIGN} Assistant | | Date //- G | 25.03 | |
| | | | | | | | apter 607 or 617, F.S. I furth of section 607.0401 or 617. | | |

owed by the corporation have been paig 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 and my signature shall have the same legal effect as if made under oath. on this application is true and accurate

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #