

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F 00000006294

1. Corporation Name

Texas Encore Materials, Inc.

REINSTATEMENT 02-09

900028739759
02/13/04--01042--023 **1058.75

2. Principal Office Address

36639 Northline Road

Suite, Apt. #, etc.

City & State

Romulus, MI

Zip

48174

Country

USA

3. Mailing Office Address

50 NE 26th Avenue

Suite, Apt. #, etc.

Suite 201

City & State

Pompano Beach, FL

Zip

33068

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/8/2000

5. FEI Number

43-1903497

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corbett W. Lenz

Street Address (P.O. Box Number is Not Acceptable)

50 NE 26th Avenue

Suite, Apt. #, Etc.

Suite 201

City

Pompano Beach

State

FL

Zip Code

33062

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

REGISTERED AGENT MUST SIGN

Date 2/5/04

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
D	Dr. Sandy Labana	47286 North Pointe Drive	Canton, MI 48189
D	Corbett W. Lenz	50 NE 26 th Avenue, Ste 201	Pompano Beach FL 33062
CEO	Philip Friedman	36639 Northline Road	Romulus, MI 48174
COO	Martin Cygan	36639 Northline Road	Romulus, MI 48174
D	Eric Lee	50 NE 26 th Avenue, Ste 201	Pompano Beach, FL 33062
D	Patrick A. Moran	50 NE 26 th Avenue, Ste 201	Pompano Beach, FL 33062

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

(954) 202-9990

Daytime Phone #

CR2E081 (10/02)