

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02 000005853

1. Corporation Name

Stewart & Stevenson Employee Services, Inc.

2. Principal Office Address

2707 North Loop West

3. Mailing Office Address

P.O. Box 1637

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Houston, TX 77008

City & State

Houston, TX 77251

Zip

77008

Country

USA

Zip

77251

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-22-02

5. FEI Number

542080747

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Brian Courtney

Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

11/26/03

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
P/T/D	John B. Simmons	2707 North Loop West	Houston, TX 77008
VP/S/D	Carl B. King	2707 North Loop West	Houston, TX 77008
D	Max L. Lukens	2707 North Loop West	Houston, TX 77008

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:

Carl B. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/03

713-868-7700

Daytime Phone #

CR2E081 (10/02)



STEWART & STEVENSON

CORPORATE HEADQUARTERS

2707 NORTH LOOP WEST (77008) • P.O. BOX 1637

HOUSTON, TEXAS 77251-1637

(713) 868-7700 • FAX: (713) 868-7692



November 25, 2003

Florida Department of State
Secretary of State
Tallahassee, FL 32314

Gentlemen:

Re: Stewart & Stevenson Employee Services, Inc.

It has come to my attention that the Secretary of State of Florida entered an incorrect address in their records and mail addressed to Stewart & Stevenson Employee Services, Inc. has not been received at the address listed on their qualification documents. Attached for your review is a copy of the qualification documents date stamped by the Secretary of State on November 22, 2002.

Please use the following mailing address for the company:

Stewart & Stevenson Employee Services, Inc.
c/o Legal Department
P. O. Box 1637
Houston, TX 77251-1637

Very truly yours,

STEWART & STEVENSON SERVICES, INC.

Rita Schaulat
Assistant Secretary

enclosure



CORPORATION SERVICE COMPANY™

3053

ACCOUNT NO. : 072100000032

REFERENCE : 338479 4334437

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 150.00

ORDER DATE : November 26, 2003

ORDER TIME : 11:19 AM

ORDER NO. : 338479-005

CUSTOMER NO: 4334437

CUSTOMER: Ms. Rita Schaulat
Stewart & Stevenson Services
2707 North Loop West

Houston, TX 77008

REINSTATEMENT

NAME: STEWART & STEVENSON EMPLOYEE
SERVICES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan EXT. 1155

EXAMINER'S INITIALS _____