

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP -2 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Parkcrest Builders, Inc.
F02000006101

2. Principal Office Address

8551 San Felipe
Suite, Apt. #, etc.
220

3. Mailing Office Address

Same

City & State

Houston, Texas

Zip

77057

Country

USA

REINSTATEMENT 03-05

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

12-9-2002

5. FEI Number

76-0367578

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

Bradford J. Beilly

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

400 Southeast 18th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

000059266960
09/02/05--01019--003 **1080.00
000059266968
09/02/05--01019--004 **17.50

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

9/1/05

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | William W. Austin | 5851 San Felipe, #220 | Houston, Tx 77057 |
| Sec | | | |
| Tres | Antoinette Austin | 5851 San Felipe, #220 | Houston, Tx 77057 |
| V-P | Jay Stewart | 5851 San Felipe, #220 | Houston, Tx 77057 |
| V-P | Mike Stewart | 5851 San Felipe, #220 | Houston, Tx 77057 |
| | | | |
| | | | |

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: William W. Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W W Austin

Date

713-266-0414

Daytime Phone #

CR2E081 (01/05)