

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000003384

1. Corporation Name

1-Rex, Inc.

2. Principal Office Address - No P.O. Box #

2601 Scott Avenue

Suite, Apt. #, etc.

Ste. 600

City & State

Fort Worth, TX

Zip

76103

Country

USA

3. Mailing Office Address

2601 Scott Avenue

Suite, Apt. #, etc.

Ste. 600

City & State

Fort Worth, TX

Zip

76103

Country

USA

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Anthony LiCausi

Anthony LiCausi
Vice President

REGISTERED AGENT MUST SIGN

Date

5-30-08

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/D	William Rex Akers	3305 Scarborough Ln. Ct.	Colleyville, TX 76034
VP/D	Brooke Miller Akers	3305 Scarborough Ln. Ct.	Colleyville, TX 76034
VP/D	W. Mike McManus	7105 Peters Path	Colleyville, TX 76034
S/T/D	Tracy Ward	13050 Rendon Rd.	Burleson, TX 76028

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 contained in Chapter 119, 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:

Tracy Ward Tracy Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-3-08

817-531-8992

Daytime Phone #

FILED

08 JUN -9 PH 1:52

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

700131068477

06/03/09--01054--002 **450.00

REINSTATEMENT

CR2E081

(12/07)

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/2003

5. FEI Number

20-0030980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.