

Page 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

09 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000001737

1. Corporation Name

EGL, Inc.

REINSTATEMENT 2009

CR2E081 (12/08)

10/27

2. Principal Office Address - No P.O. Box # 15350 Vickery Dr.		3. Mailing Office Address Suits, Apt. #, etc.	
City & State Houston, TX		City & State	
Zip 77032	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida May - 18 - 2005	Applied For Not Applicable
5. FEI Number 76-0094895	
6. CERTIFICATE OF STATUS DESIRED ☐	\$8.75 Additional Fee required for a Certificate of Status

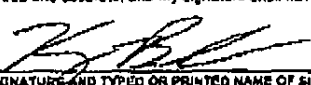
7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.	
Suits, Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

☒ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.	
Signature of Registered Agent Howard L. Volz	Howards L. Volz Asst. Secretary
Date 10/21/09	

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	Edward S. Bento	15350 Vickery Dr	Houston, TX 77032
Sec.	Kenneth Burch	15350 Vickery Dr	Houston, TX 77032
Dir	Edward S. Bento	15350 Vickery Dr.	Houston, TX 77032
Dir	Dana C. O'Brien	15350 Vickery Dr.	Houston, TX 77032
Dir	Sam Slater	15350 Vickery Dr.	Houston, TX 77032
Dir	Greg Weigel	15350 Vickery Dr.	Houston, TX 77032

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., and 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: 	Date 10/21/09	Daytime Phone # 281-618-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

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Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please
file 1st
Thanks!

CORPORATION REINSTATEMENT

EGL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$250.00

Please waive
penalty fee
\$150.00

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Corporate Filing Menu

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