


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05000005153			
1. Corporation Name ABD SAENGER, INC.			
2. Principal Office Address - No P.O. Box # 1800 Post Oak Blvd., 6 Blvd. Place		3. Mailing Office Address 1800 Post Oak Blvd., 6 Blvd. Place	
Suite, Apt. #, etc. Suite 450		Suite, Apt. #, etc. Suite 450	
City & State Houston, TX		City & State Houston, TX	
Zip 77056	Country USA	Zip 77056	Country USA
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 09/06/2005	
Name Capitol Corporate Services, Inc.		5. FEI Number 76-0693557	
Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive, Suite A		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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 <u>See attached page 2 for Signature</u> Date _____			
REGISTERED AGENT MUST SIGN			
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	Allen J. Becker	1800 Post Oak Blvd., 6 Blvd. Place, Suite 450	Houston, TX 77056
T/D	David M. Anderson	1800 Post Oak Blvd., 6 Blvd. Place, Suite 450	Houston, TX 77056
REINSTATEMENT 2006-2010			
10. E-mail Address: _____ (To be used for future annual report notification)			
11. 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. I further certify, 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: <u>Allen J. Becker</u>		Date 9/1/2010 9133375660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

F05000005153

**ABD Saenger, Inc.**

Acceptance of Registered Agent Appointment

We, Capitol Corporate Services, Inc., 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.

Dated: September 2, 2010

Gayle Windle

Gayle Windle, Assistant Secretary  
Capitol Corporate Services, Inc.

MYK

**F05000005153**

**FLORIDA FILING & SEARCH SERVICES, INC.**

**, P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 09-03-10**

**NAME: ABD SAENGER, INC**

**TYPE OF FILING: REINSTATEMENT**

**COST: \$1,358.75- check provided**

**RETURN: CERTIFIED COPY**

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 SEP -3 PM 1:33  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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