PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAR 8 AM 8:09

DOCUMENT # F06000000494

1. Corporation Name

SANDERS MORRIS HARRIS INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
600 TRAVIS STREET,	600 TRAVIS STREET,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 5900	SUITE 5900
City & State	City & State
HOUSTON, TX	HOUSTON, TX
Zip / Country	Zip / Country
77002	77002

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 01/26/2006

5. FEI Number: 76-0224835 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes — $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, FL | State: FL | Zip Code: 32301

000298466430
03/08/17--01009--007 **708.75

000298466430
08/23/17--01032--027 **141.25

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: Judith Reyes — REGISTERED AGENT MUST SIGN

Judith Reyes
Assistant Secretary

Date: 2/28/17

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
D	Rene Chaze	4000 Legato Road, 9th Floor	Fairfax, VA 22033
CEO	GEORGE L BALL	600 TRAVIS STREET, SUITE 5900	HOUSTON, TX 77002
Sec	William P Hayes	4000 Legato Road, 9th Floor	Fairfax, VA 22033
Tre	Thomas N Jencks	4000 Legato Road, 9th Floor	Fairfax, VA 22033
officer	Russell Lessard	600 TRAVIS STREET, SUITE 5900	HOUSTON, TX 77002
			MAR 03 2017

10. E-mail Address: Rcorne@wealthtrust.com R. HUNT
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: George Ball - CEO — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/17 — Date

713 250-4280 — Daytime Phone #