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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
L-CON, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12000000186

1 Corporation Name

L-Con, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12301 Kurland Drive	P.O. Box 16390
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste 200	
City & State	City & State
Houston, TX	Little Rock, AR
Zip / Country	Zip / Country
77034 / USA	72231 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
01/13/2012

5. FEI Number
20-4969045
☐ 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
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: Corina Borja — Date: 6/15/2015
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	Kelley McGill	12301 Kurland Dr Ste 200	Houston, TX 77034
VP	Mark Davis	8900 Fourche Dam Pike	Little Rock, AR 72206
S	Jeff Weatherly	8900 Fourche Dam Pike	Little Rock, AR 72206
D	Thomas Schueck	8900 Fourche Dam Pike	Little Rock, AR 72206

10. E-mail Address: missyo@laxgmpinc.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: Mark Davis, Vice President — 6-15-2015 — 501-490-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #