

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 23 PM 1:36

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 09-12

DOCUMENT # F94000005439

1. Corporation Name

HOWARD WEIL INCORPORATED

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

1100 POYDRAS STREET

Suite, Apt. #, etc.

SUITE 3500

City & State

NEW ORLEANS, LA

Zip

70163

Country

USA

3. Mailing Office Address

1100 POYDRAS STREET

Suite, Apt. #, etc.

SUITE 3500

City & State

NEW ORLEANS, LA

Zip

70163

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1994

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES INC

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

515 E. PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

800240754698
10/12/12--01039--006 **1200.00

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

Michelle Holder, Asst. Sec.
REGISTERED AGENT MUST SIGN

Date 10/18/12

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 |
|--------|--------------------------------------|---|-----------------------|
| PR | PAUL E. PURSLEY | 1100 POYDRAS STREET SUITE 3500 | NEW ORLEANS, LA 70163 |
| BM | WILLIAM D SANCHEZ | 3200 SOUTHWEST FREEWAY SUITE 1490 | HOUSTON, TX 77027 |
| AM | JAMES H. LEE | 1100 POYDRAS STREET SUITE 3500 | NEW ORLEANS, LA 70163 |
| | | | |
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| | | | |

10. E-mail Address: james@howardweil.com

(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:

James M. Jones III CONTROLLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/12 504-582-2841
Date Daytime Phone #

OCT 23 2012

D. BUTLER