## 2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT								00	11	_	
DOCUI 1. Entity Name TRUSSW				OS DEC-1 AM 11:20 TALLAMÁSSEE, FLORIDA							
					70.00			~75	Sex 2.	<(	7
Principal Place		5	Mailing Address						J. F.	ORIE .	
9411 ALCORN Houston, TX 77093 US			9411 ALCORN HOUSTON TY 77093	9411 ALCURN HOUSTON, TX 77093 US					-	UNIDA .	
HOUSTON, 17	11000	03	HOUSTON, IN TRUCE	UJ							
2. Principal Pl	lace of Busir	ess	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			11302005	REIN-P	CR2E	098 (6/04)	
City & State			City & State	City & State			4. FEI Numbe 84-1316				plied For Applicable
Zip Country			Zip	Zip Country			5 Certificate of Status Desired 1 \$8.75 Additional				
							5. Certificate of Status Desired Fee Required				
	6. Name	and Address of Curren	t Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent				
C T CORP	ORATION	SYSTEM									
1200 SOU	TH PINE	SLAND ROAD		Street Address (P.O. Box No.				r is Not Acceptable	)	<del></del>	
PLANTATION, FL 33324											
					City	· · · · · ·			FL	Zip Code	,
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											and accept
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requ									DATE		
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193										7.193(2)(b),	F.S., the
After Jar	uary 1, 20	06, Fee will be \$300				corporation did					
10.		OFFICERS AN	D DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE	С		☐ Delete	ŤITL	E					Change	☐ Addition
NAME		WILLIAM J		NAM	_						
STREET ADDRESS CITY-ST-ZIP	9411 ALC	ORN N, TX 77093			eet address (-st-zip		4				
TITLE	s	14, 17 77000	<b>⊠</b> Delete	TITL	•	5			··	☐ Change	<b>X</b> Addition
NAME	i -	CLIFTON	V Delete	NAM		Chu	inn, Ron	ald J.		onungo	<b>A</b>
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CITY-ST-ZIP		N, TX 77093			/-ST-ZIP	Ho	<del>uston</del>	<u> 7X 770</u>	243	***	
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CITY-ST-ZIP	HOUSTO	N, TX 77093		CITY	Y-ST-ZIP		187017	40501041	001	**158	1.75
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NAME				NAA			₹ '	Roberts DE	ე და	املاس	
STREET ADDRESS CITY-ST-ZIP					eet address Y-St-Zip		1.	1100000	· <del>-</del>		•
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STREET ADDRESS					EET ADDRESS						ļ
CITY-ST-ZIP	<u> </u>				Y-ST-ZIP	L					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an eddress, with all other like empowered.											
SIGNATURE: Land 3 Secretary 11/30/05 713-191-1900											
			R PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOP	7		Date		Daytime Phone #	