

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 13 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F960000004343**

1. Corporation Name

EI Expreso of Texas, Inc.

2. Principal Office Address

950 McCarty Rd

Suite, Apt. #, etc.

City & State

Houston, Texas

Zip

Country

USA

3. Mailing Office Address

One Riverway

Suite, Apt. #, etc.

500

City & State

Houston, Texas

Zip

Country

77056

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/1996

5. FEI Number

76-0289769

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

Corporation Service Company

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

1201 Hays Street

900003460529-6

Suite, Apt. #, Etc.

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

[Signature] Asst VP

Date **11-9-2000**

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	Frederick Kaiser	819 Water Street, Ste 320	Kerrville, TX 78028
P/CEO	Frank Gallagher	One Riverway, Ste 500	Houston, TX 77056
D	Linda Bell	One Riverway, Ste 500	Houston, TX 77056
D/VP Corp Sec.	Robert E. Longo	One Riverway, Ste 500	Houston, TX 77056
i	Stephanie Reyes	One Riverway, Ste 500	Houston, TX 77056
CS	Shayne Rosecrans	One Riverway, Ste 500	Houston, TX 77056

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Shayne Rosecrans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-2000 (713) 860 1764

Date

Daytime Phone #

CR2E081 (9/99)

282



ACCOUNT NO. : 072100000032

REFERENCE : 893276 7111512

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 900.00

ORDER DATE : November 9, 2000

ORDER TIME : 10:27 AM

ORDER NO. : 893276-005

CUSTOMER NO: 7111512

CUSTOMER: Ms. Courtney Heysquierdo
Coach Usa
One Riverway
Suite 500
Houston, TX 770561903

DOMESTIC FILINGS

NAME: EL EXPRESO, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

RECEIVED
00 NOV 13 AM 8:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA