

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000000505

1. Corporation Name

THE SAFE SEAL COMPANY, INC.

FILED

99 NOV -5 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

517 SOUTH 16TH ST
HOUSTON TX 77061
US

2 NORTHPOINT PT
300
HOUSTON TX 77060
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
2 NORTHPOINT DRIVE

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0323966

Applied For

Not Applicable

City & State

LA PORTE, TX

City & State

Zip

77571

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO D/P	HAYNES, WILLIAM E	2 NORTHPOINT DR 300	HOUSTON TX 77060 LS
XXXX V/S/T	SCHUGART, CHARLES F	2 NORTHPOINT DR 300	HOUSTON TX 77060
VPAS	HARRINGTON, DOUGLAS R JR	2 NORTHPOINT DR 300	HOUSTON TX 77060
VPAS	KING, JOHN L---	2 NORTHPOINT DR 300---	HOUSTON TX 77060---
VPAS	LOMBARD, FRANK L---	2 NORTHPOINT DR 300---	HOUSTON TX 77060---
P-	STERN, KEVIN---	517 SOUTH 16TH ST	LA PORTE TX 77571---

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

10003047131--1

Suite, Apt. #, Etc.

11/17/99-01054-008

City

***758.75

State

FL

Zip Code

***758.75

10. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Connie Bryan

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date November 4, 1999

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS R. HARRINGTON, JR.

11-3-99

Date

281-925-0300

Daytime Phone #