	PLEASE READ	ALL INS	TRUCTION	IS BEFORE	COMPLET	TING THIS FO	RM.	
ĄPI	PLICATION &	FLORI	FLORIDA DEPARTMENT OF STATE Katherine Harris			FILED		
	FOB	A VOREN	Secretary o					
REIN	STATEMENT		DIVISION OF CORPORATIONS		90 time 30 PM 1: 22			
DOCU 1. Corpora	JMENT # F9700 tion Name	006			BLOCK WRY OF STATE FALLWIASSEE, FLORIDA			
]	Kossow management co	•						_
	ace of Business Thomasville Dr.		Mailing Address 9203 Thomasville Dr.				d	7
Houston, Texas 77064			Houston, Texas 77064				18-1	, 1
If above a	ddresses are incorrect in any way, line t	brough incorrect	information and ent	er correction below	REINS	TATENE	NT 40 a	<i>/</i>
	ncipal Office Address, If Applicable		r kansar matang matang tang merupakan dia ang			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #	7, etc.	Suite, Apt. #	Suite, Apt. #. etc			April 17, 1997 5 FEI Number Applied For		
City & State	······································	City & State	City & State		74-1983	609	Not Applied	
Ζιρ	Country	Zip	Cou	ntry	GERTIFICAT	TE OF STATUS DESIRED	\$8.75 Additional Fee re for a Certificate of Sta	
7. Names a	and Street Addresses of Each Officer an	d'or Director (Flo		orations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors 2			Streel Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers			Cit 4	ty / State / Ζ φ	
Pres. Michael E. Kossow			7114 Rancho Mirage			Houston, Texas 77069		
V Pres	Mike W. Kossow		13411 Pinnacle Place			Houston, Tex	tas 77069	
Sec.	. Tammy Trovato		13502 Champion Centro		re	Houston, Texas 77069		
Treas.	Marilyn Kossow		13411 Pinnacle Pla			Houston, Texas 77069		
					50	5000028315252 -04/07/9901006002 ****900.00 ****800.00		
	8. Name and Address of Curren	t Registered Age	ent	Name	9. Name and A	Address of New Registe	ered Agent	
OT Corporation System					P.Ó. Box Number	is Not Acceptable)		
1200 South Pine Island Road Plantation, FL 33324				Suite, Apt. #, Etc.				
				City		1	State Zip Code	
10 I being	appointed the registered agent of the at-	ration, am familiar with and accept the obligations of Sec		FL				
Signature of Registered A	igent V	, X	GENT MUST SIGN	A \$47. Se		Date Mar	२९ _, (५९५	
	s corporation owes the angible Personal Prope					(See athroon	er side for information intangible tax.)	

12. Lectify that I am an officer or director or the receiver or trustce 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. I mat 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 outh

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(281) 469-3328

Daytine Phare #