

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000829

1. Corporation Name

BROCK MAINTENANCE INC.

Principal Place of Business

7305 UP RIVER ROAD
CORPUS CHRISTI TX 78409

Mailing Address

~~7305 UP RIVER ROAD~~
~~CORPUS CHRISTI TX 78409~~
~~P.O. Box 306~~
BRAUMONT, TEXAS 77704



REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida

02/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0522180

Applied For

Not Applicable

City & State

City & State

Zip

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DAVIS, JEFF	7305 UP RIVER ROAD	CORPUS CHRISTI TX
SD	BROCK, TODD	7305 UP RIVER ROAD	CORPUS CHRISTI TX
T	SMITH, PHIL	7305 UP RIVER ROAD	CORPUS CHRISTI TX
D	BOURGUEIN, LORIN	7305 UP RIVER ROAD	CORPUS CHRISTI TX

300024571483
11/10/03 01038 006 **150.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Howard L. Volz
Asst. Secretary

Signature of Registered Agent

Howard L. Volz

Date

10-28-03

REGISTERED AGENT MUST SIGN

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:

Howard L. Volz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

409 832-6226

Daytime Phone #

CR2E040 (7/03)



BROCK MAINTENANCE, INC.

A Member of the Brock Group

November 05, 2003

Mrs Glenda Hood
Secretary Of State

Division Of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Mrs. Hood,

Our company received a Certificate Of Administrative Dissolution Or Revocation for failure to submit the annual report. We never received the two notices that were sent prior to the Dissolution notice.

I have made a notation changing our mailing address on the enclosed report.

Please reinstate our company in the state of Florida.

A check for \$150.00 is enclosed to reinstate our company.

Thanks for you help in clearing this matter.

Phil Smith
Treasurer, C.F.O.