

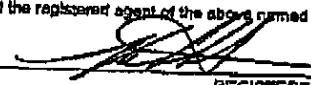
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		02 SEP 20 PM 12:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA APPROVED AND FILED	
DOCUMENT #		F 99000005088			
1. Corporation Name		TEX Industries, Inc.			
2. Principal Office Address		3. Mailing Office Address		REINSTATEMENT 2000-2002	
955 Singleton Dr.		same		4. Date incorporated or Qualified To Do Business in Florida 09/29/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FBI Number 58-2514063	
City & State		City & State		Applied For Not Applicable	
DeLand, Florida		same		6. CERTIFICATE OF STATUS DESIRED ☒ Not Applicable and I am requesting for a certificate of status.	
Zip	Country	Zip	Country		
32724	USA	same	same		
7. Name and Address of Current Registered Agent					
Name Robert Adamo					
Street Address (P.O. Box Number is Not Acceptable) 126 Alexandra Woods Drive					
Suite, Apt. #, Etc.					
City DeBary					
State FL Zip Code 32713					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.					
Signature of Registered Agent 				Date 09-20-2002	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
CHAIRMAN	Robert Adamo	126 Alexandra Woods Dr	DeBary, FL 32713		
VICE CHAIRMAN	Anton Ptach	2555 Ainsworth Avenue	Dalton, FL 32738		
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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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: 		Robert Adamo		9-20-02 386-785-0092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

TEI INDUSTRIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75