

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F99000005428**

1. Corporation Name

ENRON LIQUID SERVICES CORP.

Principal Place of Business

1400 SMITH STREET
HOUSTON TX 77002

Mailing Address

1400 SMITH STREET
HOUSTON TX 77002

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1999

5. FEI Number

76-0474342

Applied For

Not Applicable

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
PCD	HORTON, STANLEY C	1400 SMITH STREET	HOUSTON TX 77002
VAS VS	DERRICK, JAMES V Angus H. Davis	1400 SMITH STREET	HOUSTON TX 77002
VTD	HAYSLETT, RODERICK J	1400 SMITH STREET	HOUSTON TX 77002
V AS	HERMANN, ROBERT J Lori Pinder-Metz	1400 SMITH STREET 1400 Smith Street	HOUSTON TX 77002 Houston, TX 77002
VAS VAS	MORAN, MICHAEL P Drew J. Fossum	1400 SMITH STREET	HOUSTON TX 77002
V	RICE, GREEK L	1400 SMITH STREET	HOUSTON TX 77002

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Anthony J. Alexander

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Asst. Secretary

Date

APRIL 22, 2002

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

LORI PINDER-METZ

Date

Daytime Phone #

FILED

02 APR 26 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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