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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JAN 10 PM 2:47

SEC... STATE
TALL... E, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000006556

REINSTATEMENT 04-06

CR2E081 (12/05)

1. Corporation Name
Brake Masters Realty Corp.

2. Principal Office Address	3. Mailing Office Address
8150 N. Central Expressway	8150 N. Central Expressway
Suite, Apt. #, etc.: Suite 1000	Suite, Apt. #, etc.: Suite 1000
City & State: Dallas, TX.	City & State: Dallas, TX.
Zip: 75206 Country:	Zip: 75206 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 75-2423287 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation FL. 33324 State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 1/10/2006

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
Pres.	Perry W. Cloud	8150 N. Central Expressway Suite 1000	Dallas, TX. 75206
V.P.	Bennett Cloud	8150 N. Central Expressway Suite 1000	Dallas, TX. 75206
Sec.	Leigh Anne Haugh	8150 N. Central Expressway Suite 1000	Dallas, TX. 75206

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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] 1/10/06 214-276-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

BRAKE CENTERS REALTY CORP.

Certificate of Status	0
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