PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUN 23 AM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K68049

1. Corporation Name

G.L.M. TRACE, INC.

N03000017928

300021299113
07/03/03--01044--014 **141.25

300021299113
07/03/03--01044--013 **1658.75

2. Principal Office Address	3. Mailing Office Address
2300 TIN TOP ROAD	2300 TIN TOP ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEATHERFORD, TX	City & State: WEATHERFORD, TX
Zip: 76087 Country: USA	Zip: 76087 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 2/23/89

5. FEI Number: 65-0106108 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

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

Suite, Apt. #, Etc.:

City: Plantation 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: Connie Bryan Connie Bryan Special Asst. Secy. Date: 6-23-03
REGISTERED AGENT MUST SIGN

CREDIT# (8/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	George Mercer	2300 TIN TOP ROAD	WEATHERFORD, TX 76087
		STATEMENT 96-03	

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 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: George Mercer GEORGE MERCER 6-20-03 817-596-7367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 11/15/02 C T System Online