

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

1. DOCUMENT # L02000015901
 Name and Mailing Address

04 SEP 23 PM 4:00

LC 09/29/04

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HOUSTON SOLUTIONS, LLC
 5260 SHORELINE CIRCLE
 SANFORD FL 32771-7168



REINSTATEMENT

2003-2004

2. New Mailing Address 1763 BRACKEN HURST PLACE		4. State/Country of Formation FL	
City, State, Zip LAKE MARY, FL 32746		5. Date Organized or Qualified To Do Business in Florida 06/24/2002	
Principal Place of Business 5260 SHORELINE CIRCLE SANFORD FL 32771	3. New Principal Place of Business Address 1763 BRACKENHURST PL	6. FEI Number 75-3072368	Applied For <input checked="" type="checkbox"/> Not Applicable
City, State, Zip LAKE MARY, FL 32746		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent HOUSTON, SHERMAN M 5260 SHORELINE CIRCLE SANFORD FL 32771		9. Name and Address of New Registered Agent Name SHERMAN M. HOUSTON Street Address (P.O. Box Number is Not Acceptable) 1763 BRACKEN Hurst PLACE City LAKE MARY FL Zip Code 32746	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Sherman M. Houston Date 9-20-04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM ABR	SHERMAN M. Houston	ABOVE	ABOVE

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REINSTATEMENT

2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Sherman M. Houston Date 9/20/04 Daytime Phone # 407-923-4111

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)