

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 10 PM 12:34
LPR/11

1. DOCUMENT # L9800000719
Name and Mailing Address

0008285 01 FP 0.352 **PRSRT T5 0 0615 77008-610955
ACQUISITIONS MANAGEMENT GROUP, LLC
3355 WEST 11TH STREET
#800
HOUSTON TX 77008-6109



REINSTATEMENT 2002

2. New Mailing Address 3233 WEST 11 th ST City, State, Zip HOUSTON, TEXAS 77008		4. State/Country of Formation FL	
Principal Place of Business 3355 WEST 11TH STREET #800 HOUSTON TX 77008		5. Date Organized or Qualified To Do Business in Florida 06/02/1998	
3. New Principal Place of Business Address 3233 WEST 11 th ST City, State, Zip HOUSTON TX 77008		6. FEI Number 58-2399613 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		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 BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE NO. 1114 MIAMI BEACH FL 33139-0000		9. Name and Address of New Registered Agent Name JOSEPH McFADDEN Street Address (P.O. Box Number is Not Acceptable) 609 ESTATES PLACE City Longwood FL Zip Code 32779	
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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 *Joseph McFadden* Date 11-14-02
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	O'MARA, MICHAEL G	3233 WEST 11TH STREET #800 100 8233	HOUSTON TX 77008
MGRM	McFADDEN, JOSEPH	3233 WEST 11TH STREET #800 100 8233	HOUSTON TX 77008
MGRM	REYNOLDS, JOHN	3233 WEST 11TH STREET #800 100 8233	HOUSTON TX 77008
		500009425945 12/10/02--01007--007 **150.00	
REINSTATEMENT 2002			

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 *Joseph McFadden* Date 11-14-02 Daytime Phone # 713/861-0081
Typed or printed name of Managing Member/Manager Joseph M. McFadden X203