

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M0000000 1593

1. Limited Liability Company's Name

HOUSTON-STAFFORD MANAGEMENT LLC
P.O. BOX 947
STAFFORD, TEXAS 77497-0947

2. Principal Office Address

10203 MULA CIRCLE

Suite, Apt. #, etc.

City & State

Zip

Country

FORT BEND

3. Mailing Office Address

P.O. BOX 947

Suite, Apt. #, etc.

STAFFORD TX

City & State

Zip

Country

U.S.A.

4. State/Country of Formation

TEXAS

**5. Date Organized or Qualified
To Do Business in Florida**

8/7/2000

6. FEI Number

52-2095981

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

☒ \$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

CT CORPORATION

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

9. 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

Jennifer J. McBurnett
REGISTERED AGENT MUST SIGN

Jennifer J. McBurnett
Assistant Secretary

Date 11-8-01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	RICHARD A. NIX	1722 LAKEBEND	SUGAR LAND, TEXAS 77478
CEO	WILLIAM E. WILKS, II	2426 WEATHERFORD	PEARLAND, TX. 77584

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11. 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

WILLIAM E. WILKS, II

Date 11/01/01

Daytime Phone # 281-498-2212

Typed or printed name of signing Managing Member/Manager

WILLIAM E. WILKS, II

CR2E041 (9/01)