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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002543

Name and Mailing Address

0016750 01 MB 0.309 **AUTO T1 070615 77054-267760

COMMUNICATE TECHNOLOGICAL SYSTEMS, LLC

2646 S. LOOP WEST, STE. 660

HOUSTON TX 77054-2677



2. New Mailing Address

City, State, Zip

Principal Place of Business

2646 S. LOOP WEST, STE. 660
HOUSTON TX 77054

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

09/25/2002

6. FEI Number

76-0564921

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 AgentKIRK HOOD
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/23/03

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
President MGR	ARTHUR W. JONES	2646 S. Loop WEST Suite 660	HOUSTON, TX 77054

200024345442
11/03/03--01003--024 **150.00

REINSTATEMENT

200024345442
11/03/03--01003--025 **5.00

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/ManagerKIRK HOOD
ASSISTANT SECRETARY

Date

10/23/03

Daytime Phone #

713.838.7100

Typed or printed name of signing Managing Member/Manager

ARTHUR W. JONES, PRESIDENT / MANAGER

CR2E084 (7/03)