

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000004915

1. Limited Liability Company's Name

SAENGER MANAGEMENT, L.L.C.

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PYC

CR2E041 (05/10)

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DIVISION OF CORPORATIONS

2. Principal Office Address - No P.O. Box #
1800 Post Oak Blvd., 6 Blvd. Place

3. Mailing Office Address

1800 Post Oak Blvd., 6 Blvd. Place

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

Houston, TX

City & State

Houston, TX

Zip

77056

Country

USA

Zip

77056

Country

USA

4. State/Country of Formation

Texas/USA

5. Date Organized or Qualified
To Do Business in Florida

09/06/2005

6. FEI Number

32-0918832

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number Is Not Acceptable)
155 Office Plaza Drive, Suite A

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

200185053602
09/03/10--01031--009 **8536.25

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

See attached page 2 for signature

Date

REGISTERED AGENT MUST SIGN

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
MGR	Allen J. Becker	1800 Post Oak Blvd., 6 Blvd. Place, Suite 450	Houston, TX 77056

REINSTATEMENT 2006-2010

11. E-mail Address:

(To be used for future annual report notifications)

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

Allen J. Becker

Date

9/1/2010

Daytime Phone #

713 337 5660

Typed or printed name of signing Managing Member/Manager Allen J. Becker, Manager

PI

MU500000 4915

Saenger Management, L.L.C.
Acceptance of Registered Agent Appointment

We, Capitol Corporate Services, Inc., 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.

Dated: September 2, 2010

Gayle Windle
Gayle Windle, Assistant Secretary
Capitol Corporate Services, Inc.

ML

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09-03-10

NAME: SAENGER MANAGEMENT, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$823.75- check provided

RETURN: CERTIFIED COPY

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DIVISION OF CORPORATIONS
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE
