

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
OCT 21 PM 3:31  
TALLAHASSEE, FL

DOCUMENT # MO6000007157

1. Limited Liability Company's Name

Brock Services Holdings LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1670 E. Cardinal Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3640 W. 12th St.

Suite, Apt. #, etc.

City & State

Beaumont, TX

City & State

Houston, TX

Zip

77705

Country

USA

Zip

77008

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

12/27/2007

6. FEI Number

870779042

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

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
<u>mgrm</u>	<u>Brock Holdings III, Inc.</u>	<u>1670 E. Cardinal Drive</u>	<u>Beaumont, TX 77705</u>
			<u>900137019349</u>
			<u>10/17/08--01044--002 **282.50</u>
<b>REINSTATEMENT</b>			
<u>2007-08</u>			

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

Kelvin R. Collard

Date 10/9/2008 Daytime Phone # 713.357.0358

Typed or printed name of signing Managing Member/Manager

Kelvin R. Collard