M99000001205

1062

APPROVED AND FILED

03 OCT 23 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # M99000001205

Name and Mailing Address

00167E2 01 MB 0.305 **AUTO T1 0 0615 77056-321225

ATLAS-ACCURATE HOLDINGS, L.L.C.
777 POST OAK BLVD., SUITE 500
HOUSTON TX 77056-3212

REINSTATEMENT 2003

CR2E084 (7/03)

2. New Mailing Address City, State, Zip	4. State/Country of Formation: DE 5. Date Organized or Qualified To Do Business in Florida: 08/03/1999
Principal Place of Business: 777 POST OAK BLVD., SUITE 500 HOUSTON TX 77056 3. New Principal Place of Business Address City, State, Zip	6. FEI Number: NOT APPLICABLE ☐ 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	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 Agent: Denise SIGNATURE REQUIRED — Denise Bell Assistant Secretary — Date: 10/23/03

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	CSCI ACQUISITION CORP.	777 POST OAK BLVD., SUITE 500	HOUSTON TX 77056

JB 10-24-03

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 608.408, 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: SIGNATURE REQUIRED — Date: 10/21/2003 — Daytime Phone # 713.830.9600

Typed or printed name of signing Managing Member/Manager: William George, Vice President

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Florida Department of State

Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

ATLAS-ACCURATE HOLDINGS, L.L.C.

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