

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 19 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/03/06--01005--014 **1508.75

DOCUMENT # P00000095050

1. Corporation Name

HUSTON SERVICES, INC.

2. Principal Office Address

CT.

14760 HIGHLAND SPRINGS

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33325

Country

USA

3. Mailing Office Address

CT.

14760 HIGHLAND SPRINGS

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33325

Country

USA

REINSTATEMENT 01-06

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS E. HUSTON

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

14760 HIGHLAND SPRINGS CT.

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

8. I, 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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/14/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	THOMAS E. HUSTON	14760 HIGHLAND SPRINGS CT.	DAVIE / FL / 33325

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. HUSTON 04/14/2006

Date

Daytime Phone #

954-536-9557

B. Mitchell APR 20 2006