


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |
|--|---|
| <b>DOCUMENT # P02000105573</b><br>1. Entity Name<br>HOUSTON LOCOMOTIVE GROUP, INC. |  |
|--|---|

FILED  
04 OCT 25 PM 4: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



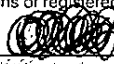
|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business<br>630 NE MUSKRAT RUN<br>PORT ST LUCIE, FL 34983 |         | Mailing Address<br>630 NE MUSKRAT RUN<br>PORT ST LUCIE, FL 34983 |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

10212004 REIN-P CR2E098 (6/04)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>LEES, MARK E<br>630 NE MUSKRAT RUN<br>PORT ST LUCIE, FL 34983 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  10/22/04  
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

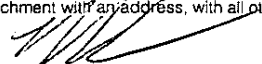
|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LEES, MARK E<br>630 N E MUSKRAT RUN<br>PT ST LUCIE, 34 34983 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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10/25/04--01083--001 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  10/22/04  
Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #