

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105573

1. Corporation Name

HOUSTON LOCOMOTIVE GROUP, INC.

2. Principal Office Address

630 NE Muskrat Run

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

3. Mailing Office Address

630 NE Muskrat Run

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-27-02

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800025467478

12/12/03--01068--028 **750.00

7. Name and Address of Current Registered Agent

Name

Mark E. Lees

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

630 NE Muskrat Run

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

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] **CEO**

Date

12-10-03

REGISTERED AGENT MUST SIGN

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
Dir.	Mark E. Lees	630 NE Muskrat Run	Port St. Lucie, FL 34983

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 under section 119.07(3)(i), 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] **CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-03

Daytime Phone #

722 879 7564

CR2003 (10/02)