


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -8 AM 9:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P04000102255		
1. Entity Name MIL-TEX, INC.		

Principal Place of Business 725 WEST HIGHWAY 54 CAMDENTON, MO 65020	Mailing Address 725 WEST HIGHWAY 54 CAMDENTON, MO 65020
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2. Principal Place of Business 7660 Blue Carriage Lane Suite, Apt. #, etc.	3. Mailing Address 7660 Blue Carriage Lane Suite, Apt. #, etc.
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City & State Ft. Worth, Texas	City & State Forth Worth, Texas
Zip 76120	Country

01052007 REIN-P CR2E098 (11/05)

4. FEI Number 55-0894103	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAWFORD, FREDDIE 1935 NW 56TH STREET MIAMI, FL 33142	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Freddie Crawford
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	PC DIXON, BILL 725 WEST HIGHWAY 54 CAMDENTON, MO 65020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 06-07

000086467620
01/30/07--01003--023 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Freddie Crawford FREDDIE CRAWFORD 5 Jan 07 786-2636079
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)