PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18 OCT 16 PM 2:39

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10/16/18--01023--009 **35.00

200320170202
10/24/18--01016--003 **600.00

CR2E081 (11/10)

DOCUMENT # P15000041526

1. Corporation Name
PAH-6, Inc.

2. Principal Office Address - No P O. Box #	3. Mailing Office Address
707 N. Shepherd Dr	1400 Post Oak Blvd
Suite, Apt. #, etc. Suite 700	Suite, Apt. #, etc. Suite 950
City & State Houston, TX	City & State Houston, TX
Zip / Country 77007 / USA	Zip / Country 77056 / USA

4. Date Incorporated or Qualified To Do Business in Florida 05-07-2015

5. FEI Number
47-3956694
☐ 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: Patrick A. Harrison

Street Address (P.O. Box Number is Not Acceptable): 100 Lakeshore Dr

Suite, Apt. #, Etc: #1751

City: North Palm Beach, State: FL Zip Code: 33408

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: Patrick A Harrison Date: 10-23-18

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
President	Patrick A. Harrison	100 Lakeshore Dr, #1751	North Palm Beach, FL 33408

10. E-mail Address: mmassey@craddockmassey.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Patrick A Harrison Patrick A. Harrison, Pres. 10-23-18 713-461-9696

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

T MOORE
OCT 24 2018