04/20/2006 12:04 8502227615 CT CORP PAGE 02/02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT — FLORIDA DEPARTMENT OF STATE, Secretary of State, DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P23115

1. Corporation Name
HOUSTON McLANE COMPANY, INC.

2. Principal Office Address	3. Mailing Office Address
501 Crawford	PO. Box 288
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Houston, TX	City & State: Houston, TX
Zip: 77002 Country: USA	Zip: 77001 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/23/1989

5. FEI Number: 74-2051157 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

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] Juan Orejuela, Assistant Secretary Date: 4/19/06
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Drayton McLane, Jr.	501 Crawford	Houston, TX 77002
VPT	Pamela J. Gardner	501 Crawford	Houston, TX 77002
VPT	Webster F. Stickney, Jr.	501 Crawford	Houston, TX 77002
VPT	Brett Moore	501 Crawford	Houston, TX 77002
S	Jacqueline S. Traywick	501 Crawford	Houston, TX 77002
T	Webster F. Stickney, Jr.	501 Crawford	Houston, TX 77002

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., and 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] 4/17/06 713-259-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/01/2006 C T System Online

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Florida Department of State

Division of Corporations
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Division of Corporations
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Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT

HOUSTON MCLANE COMPANY, INC.

Certificate of Status	1
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