

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23838

1. Corporation Name

LAING FLORIDA ACQUISITION, INC.

Principal Place of Business

Mailing Address

55 WAUGH DR.
STE 1111
HOUSTON, TX 77007

55 WAUGH DR.
STE 1111
HOUSTON TX 77007

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

04/12/1989

5. FEI Number

58-1860506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HOLMES, NED S	78 PALL MALL	LONDON, ENGLAND, SW1Y 5EH
SD	KINSELLA, JOHN	55 WAUGH DR., STE 1111	HOUSTON TX 77007
VS	MACINNIS, PAUL B	55 WAUGH DR., STE 1111	HOUSTON TX 77007
TD	BRIGHT, JOANNA K	55 WAUGH DR., STE 1111	HOUSTON TX 77007
			000024262370 10/29/03--01077--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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., 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:

Paul B. MacInnis **PAUL B. MACINNIS**

10-21-03

713-621-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



October 21, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: Laing Florida Acquisition, Inc.
Application For Reinstatement
Document # P23838

Dear Secretary of State:

I have no record of receiving prior UBR notices for the above named corporation.

Enclosed is check for \$150.00 to reinstate the above named corporation to active status.

Respectfully,
Laing Florida Acquisition, Inc.

A handwritten signature in cursive script that reads "Paul B. MacInnis".

Paul B. MacInnis
Vice President