

FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 18 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

DOCUMENT # P31853

1. Corporation Name

Technical Compression Services, Inc.

2. Principal Office Address

4440 Brittmoore Road

Suite, Apt. #, etc.

City & State

Houston, Texas

Zip

77041

Country

USA

3. Mailing Office Address

4440 Brittmoore Rd.

Suite, Apt. #, etc.

City & State

Houston, TX

Zip

77041

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/90

5. FEI Number

72-0770569

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

333324

100008704351
10/30/02--01095--030 **750.00

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

Connie Bogen
REGISTERED AGENT MUST SIGN

Date 10-18-02

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
Pres/ Dir	Stephen A. Snider	4440 Brittmoore Road	Houston, Texas 77041
VP/ Sec	D. Bradley Childers	4440 Brittmoore Road	Houston, Texas 77041
VP/ Dir	Ernie L. Danner	4440 Brittmoore Road	Houston, Texas 77041

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:

D. Bradley Childers

D. Bradley Childers

10/11/02

713.335.7454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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