DISAGERS					
APPLICATION FOR REMEMBER	FLORIDA DEPARTM Secretary e	MENT OF STATE	COMPLETING THIS FORM.  FILED		
DOCUMENT # P9500088511			96 DEC -6 AM 9: 36		
ooporation name					
TEXAS PROPERTIES, INC.			SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business	Mailing Address				
8333 W MCNAB ROAD STE 220 TAMARAC FL 33321	8333 W MCHAB ROAD STE 220 TAMARAC FL 33321	0	I MANAR II ING ANA ANA ANA ANA ANA ANA ANA ANA ANA A		
If above addresses are incorrect in any way, line three.  New Principal Office Address, If Applicable	rough incorrect information and ente 3. New Mailing Office Address,	er correction below.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Date Incorporated or Qualified     To Do Business in Florida     11/15/1995		
City & State	City & State	loesith DK	5. FEI Number		
Zip Country	TAMARICA	PL	Musokok Not Applicable 6.		
7. Names and Street Addresses of Each Officer and/o	3334 )	7 0 1	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status		
Title(s) 1  Name of Officers and/or Directors	S	Street Address of Each	h		
D Robber Learne		Use Post Office Box Nu	Numbers) 4		
			600020225664 -12/06/9601089002 ****200.00 ****200.00		
Name and Address of Current Re	ogistered Agent		AR RECEIVED ON TIME, AS 12-6-9. Name and Address of New Registered Agent		
ARABIAN, ROBERT A	<del></del>	Name			
8333 W MONAB ROAD STE 220 TAMARAC FL 33321			Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.		
IMMANAC PL 33321		Suite, Apt. #, Etc.			
D. I, being appointed the registered agent of the above		City	State Zip Code		
gnature of	named corporation, am familiar wi	ith and accept the oblig	figations of Section 607.0505, F.S.		
	ISTERED AGENT MUST SIGN	***************************************	Date		
<ol> <li>Does this corporation pay an Dept. of Revenue under S. 19</li> </ol>	y intangible tax to th 99.032, Florida Stati	ne utes. Yes	No (See other side for information on intangible tax.)		
2. I certify that Pam an officer or director or the receiver this reinstatement application, the reason for dissolution owed by the corporation have been paid and the namon this application is true and accurate, and my signal.	MAC All individuals the sector at the	THE THE THE PRINCIPOS END	ovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees in exemption under section 119.07(3)(i), F.S. The information indicated path.		
GIGNATURE: SIGNATURE AND TYPED OR PRINTE	ED NAME OF SIGNING OFFICER OR DI	DIRECTOR	Date Duting Phone 6		

Date

Daytime Phone #