

MAR. 8. 2007 3:21PM

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NO. 904 P. 2

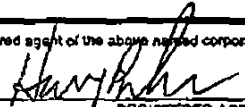
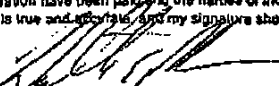
1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 MAR -8 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000106551					
1. Corporation Name Dawson Managers, Inc.					
2. Principal Office Address - No P.O. Box # 15 Stoneridge Trail			3. Mailing Office Address 15 Stoneridge Trail		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Longview, TX			City & State Longview, TX		
Zip 75605	Country USA	Zip 75605	Country USA	4. Date incorporated or Qualified To Do Business in Florida 12/19/97	
5. FEEL Number 59-3483513				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee			State FL	Zip Code 32301	
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				Date 3/8/07	
		HARRY B. DAVIS		Asst. Vice President	
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	
Director/Pres.	Walter E. Riehemann	15 Stoneridge Trail		Longview, TX 75605	
Secretary	Paul A. Owen	14 Stoneridge Trail		Longview, TX 75605	
Vice Pres.	Michael Hester	14 Stoneridge Trail		Longview, TX 75605	
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 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: 		Walter E. Riehemann		Date March 8, 2007 (903) 297-6152	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

B. Mitchell MAR 8 2007

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

DAWSON MANAGERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,350.00