


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 26 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F02000006118**

1. Corporation Name  
**GEAUX CORPORATION**

**17521 Hwy 69 South**  
P.O. BOX 8510

2. Principal Office Address  
**17521 Hwy 69 South**

3. Mailing Office Address  
P.O. BOX 8510

Suite, Apt. #, etc.

City & State  
**TYLER, TX**

City & State  
**TYLER, TX**

Zip Country  
**75703 USA**

Zip Country  
**75711 USA**

4. Date Incorporated or Qualified To Do Business in Florida **12/10/02**

5. FEI Number  
**75-2595842**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee Imposed for a Certificate of Status

11/05/03 01013 002150

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 607.0605 or 617.0503, F.S.

Signature of Registered Agent **Maria Ozaeta**  
**Maria Ozaeta**  
REGISTERED AGENT MUST SIGN  
**Vice President**

Date **6-4-04**

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	GERALD FACKRELL III	17521 Hwy 69 South	TYLER, TX 75703
VP	GERALD FACKRELL JR.	17521 Hwy 69 South	TYLER, TX 75703
DIR	KAY FACKRELL	17521 Hwy 69 South	TYLER, TX 75703

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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)(f), 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: **Gerald E Fackrell III** 5/24/04 (903) 534-6266 EXT 104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR