



## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 389899</b> 1. Entity Name TELEPHONE SERVICES, INC.						FILED 06 OCT 17 PM 3: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1516 CAMDEN AVE. BOX 15520 DURHAM, NC 27704 US				Mailing Address 1516 CAMDEN AVE. BOX 15520 DURHAM, NC 27704			
2. Principal Place of Business <i>560 W. MAIN ST.</i> Suite, Apt. #, etc. <i>SUITE 105</i> City & State <i>Lewisville TX</i> Zip <i>75057</i>		3. Mailing Address <i>560 W. MAIN ST.</i> Suite, Apt. #, etc. <i>SUITE 105</i> City & State <i>Lewisville TX</i> Zip <i>75057</i>				10102006 REIN-P CR2E098 (11/05) <b>06</b>	
4. FEI Number 59-1371270		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUGWELL, RICHARD T 1516 CAMDEN AVE DURHAM, NC 27704	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080933503 10/18/06--01007--014 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEATTY, BILL S 1516 CAMDEN AVE DURHAM, NC 27704	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P BEATTY, WILLIAM S. 560 W. MAIN ST. SUITE 105 LEWISVILLE TX 75057			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEDDER, BONNIE J 1516 CAMDEN AVE DURHAM, NC 27704	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ST BEATTY, KATHY A. 560 W. MAIN ST. SUITE 105 LEWISVILLE TX 75057			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.							
SIGNATURE: <i>William S. Beatty</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10-10-04 <small>Date</small>		922-436-4285 <small>Daytime Phone #</small>		