

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 31 PM 2:33

DOCUMENT # F00000005198

1. Corporation Name
CALL PROCESSING, INC.

Principal Place of Business 901 E. 18TH STREET PLANO TX 75074	Mailing Address 901 E. 18TH STREET PLANO TX 75074
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/13/2000	
5. FEI Number 75-2445861	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	STIMSON, CHARLES J	901 E. 18TH STREET	PLANO TX
V	BESHEAR, BRADY S	901 E. 18TH STREET	PLANO TX
			000004694800--6 -11/27/01--01036--001 ****150.00 ****150.00
			<i>Brady</i>

8. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
 1406 HAYS STREET
 STE #2
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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: *Brady Beshear* **SIGNATURE REQUIRED** *Brady Beshear* 10/23/01 (972) 578-1988
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (8/01)



October 23, 2001

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

On October 19th, we received a packet from your office that included a Reinstatement Application. On October 22nd, I contacted your office by phone to discuss the packet.

During the conversation, I explained that we had never received any type of report from the state of Florida, except for this Reinstatement Application.

The representative from your office (Michelle) told me what I needed to do to get reinstated. She told me the following:

1. Write a letter explaining the situation.
2. Ask for a waiver of any penalties or fees due to the circumstances.
3. Submit the Reinstatement Application with an officer's signature. Due to the circumstances, the Registered Agent does not need to sign the Application.
4. Send a check for \$150.00.

Please find enclosed the Application and check.

Under the circumstances, I ask for immediate reinstatement and the waiver of any penalties or fees.

I appreciate your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Gary D. Squyres'.

Gary D. Squyres
Call Processing, Inc.