

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
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000006523**

01 OCT 24 AM 11:12

1. Corporation Name

ECEP, INC.

Principal Place of Business

Mailing Address

1717 MAIN STREET, SUITE 5200
DALLAS TX 75201
US

1717 MAIN STREET, SUITE 5200
DALLAS TX 75201
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/17/1999

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4330833

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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
AS	BAKALAR, ROBYN	1717 MAIN STREET, SUITE 5200	DALLAS TX 75201
V	ZIMMERMAN, TODD	1717 MAIN STREET, SUITE 5200	DALLAS TX 75201
EVGT VPIT	FANNON, S. KENT Randy Owen	1717 MAIN STREET, SUITE 5200	DALLAS TX 75201
GEOD D	RIGGS, LEONARD M JR Martha O. Hesse	1717 MAIN STREET, SUITE 5200	DALLAS TX 75201
POOD P	SINGLEY, DAVID W William A. Sanger	1717 MAIN STREET, SUITE 5200	DALLAS TX 75201
S	Don S. Harvey	1717 Main St Ste 5200	Dallas, TX 75201

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

300004657939-8

-10/29/01--01094--006

City

****750191ate ***4050.00

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 **BRIAN COURTNEY, ASST V.P.**
REGISTERED AGENT MUST SIGN

Date

10-24-01

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01

Date

214-712-2000

Daytime Phone #

CR2E040 (8/01)