PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HORM.

CORPORATION REINSTATEMENT



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

MENT OF STATE

SECRETARY OF STATE

OF STATE

SECRETARY OF STATE

TALLAHASSEE.FLORIDA

DOCUMENT # F0200000076	$\Box$	CL	IMENT	# F0200000	764
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1. Corporation Name

PROFESSIONAL TELECONCEPTS, INC.

2. Principal Office Address	3. Mailing Office Address	-
Route 12 South	1360 Post Oak Blvd.	2-0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	TATERAFINE U
P.O. BOX 303	Sute 2100	Date in compression of dualified to the Business in Florida 02/12/2002
City & State	City & State	
Norwich, NY	Houston, TX	5. FEI Number Applied For Not Applicable
Zip Country 13815 USA	7056 Country	6. CERTIFICATE OF STATUS DESIRED Status for a Certificate of Status

7. Name and Address of C	Current Registered Agent
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	400047975244
Suite, Apt. #, Etc.	
City Tallahassee	State Zip Code 32301

Signature of Registered Agent Agent Agent Must Sign							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Secatachment.							
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip				
Pres.	Eric P. Burrell	Route 12 South	Norwich, NY 13815				
Sec.	Tara Fox	Route 12 South	Norwich, NY 13815				
Treas	Nicholas M. Grindstaff	1360 Post Oak Blvd. #2100	Houston, TX 17056				
Dir	Dana A. bordon	1360 RS+ Oak Blvd. #2100	Houston TX 17056				
Dir.	James H. Haddox	13100 Post Oak Blvd, #2100	Houston TX 17056				
Dir.	Derrick A. Jensen	1360 Post Oak Blvd. # 2100	· · · · · · · · · · · · · · · · · · ·				

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 turther certify that when filling 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 r/ly signature shall have the same legal effect as if made under oath.

SIGNATURE: HANGAZ KUKUMOLLL Pamela L. Kunkemoeller 3/1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

R2E081 (01/04)

Paytime Phone #

## PROFESSIONAL TELECONCEPTS, INC. OFFICER & DIRECTOR LIST

Dana A. Gordon Director, Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

James H. Haddox Director, Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Derrick A. Jensen Director, Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Eric Burrell President

Route 12 South P.O. Box 303

Norwich, NY 13815

Nicholas M. Grindstaff Treasurer

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Tara Fox Secretary

Route 12 South P.O. Box 303

Norwich, NY 13815

Wilbur H. Ryan Vice President

Route 12 South P.O. Box 303

Norwich, NY 13815

Pamela L. Kunkemoeller Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

David D. Brittain Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Peter B. O'Brien Vice President, Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056

Vincent A. Mercaldi Assistant Secretary

1360 Post Oak Blvd., Suite 2100

Houston, Texas 77056



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ACCOUNT NO. : 072100000032
REFERENCE : 243306 7157369
AUTHORIZATION: Tatricia liguto
COST LIMIT : \$ 1050.00
ORDER DATE: March 7, 2005
ORDER TIME : 12:57 PM
ORDER NO. : 243306-025
CUSTOMER NO: 7157369
CUSTOMER: Ms. Monique Buentello Quanta Services, Inc. Suite 2100 1360 Post Oak Blvd Houston, TX 77056
ANNUAL REPORT FILING  ANNUAL REPORT FILING  ANNUAL REPORT FILING  ANNUAL REPORT FILING
NAME: PROFESSIONAL TELECONCEPTS, INC.
XX ANNUAL REPORT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Haddan - Ext. 2955
EXAMINER'S INITIALS: