

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR -6 PM 3:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000804**

1. Corporation Name

VERITRAC, INC.

Principal Place of Business

Mailing Address

333 N. SAN HOUSTON PKWY
 SUITE 1290
 HOUSTON TX 77060
 US

333 N SAM HOUSTON PKWY
 1290
 HOUSTON TX 77060
 US

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

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-1842399

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEOS	FARNSWORTH, CHERRILL	333 N. SAM HOUSTON PKWY., STE 12	HOUSTON TX
P	FARNSWORTH, CHERRILL	333 N. SAM HOUSTON PKWY., STE 12	HOUSTON TX
COOS	BLANK, PATRICIA	333 N. SAM HOUSTON PLWY., STE 12	HOUSTON TX
CMO	SMITH, ROBIN MD	333 N SAM SOUSTON PKWY STE 1290	HOUSTON TX 77060
LFO	JACKSON, STEPHEN W	333 N. SAM HOUSTON PKWY STE 1285	HOUSTON TX 77060

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

REINSTATEMENT 99-0001TS

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

E. A. Wallace REGISTERED AGENT MUST SIGN **SIGNATURE REQUIRED** Assistant Secretary

Date 3/2/2000

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

ROBIN SMITH, CMO 2/25/00

Date

281-447-7000
 Daytime Phone #

CR2E040 (8/99)