

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

JAN -6 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004169

1. Corporation Name

MCII FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~1250 SLOCUM ST~~
~~DALLAS TX 75207~~
US

~~1250 SLOCUM ST~~
~~DALLAS TX 75207~~
US

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

2. New Principal Office Address, If Applicable
9787 Clifford Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
9787 Clifford Drive
Suite, Apt. #, etc.

City & State
Dallas TX

City & State
Dallas TX

Zip Country
75220 USA

Zip Country
75220 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1997

5. FEI Number

75-2722411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
PD	FLORES, RAFAEL G	TLACOQUEMECATL NO. 41, COL. DEL	03100 MEXICO, D.F.
VP	Sharon Shymanski	9787 Clifford Drive	Dallas TX 75220
T	Ronald S. Matthews	10 E. GOLF ROAD	DES PLAINES IL 60016
S	NALEPKA, TIMOTHY	10 E. GOLF ROAD	DES PLAINES IL 60016
D	Gerald Hausman	10 E. Golf Road	Des Plaines IL 60016
D	CORTEZ, GAMAJEL G	TLACOQUEMECATL NO. 41, COL. DEL	03100 MEXICO, D.F.

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

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Barbara A. Burke
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

1-4-2000

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:

Barbara A. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vice President 12-28-99 214-366-5950

REINSTATEMENT 1999