

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # F0000002057

1. Corporation Name
EPARTNERS SOLUTIONS, INC.

FILED
 01 NOV -8 PM 4:49
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 1304 WEST WALNUT HILL, SUITE 300 IRVING TX 75038
 1304 WEST WALNUT HILL, SUITE 300 IRVING TX 75038



01

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/30/2000	
City & State		City & State		5. FEI Number	
Zip		Country		75-2683057	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STRIFLER, STANLEY D	1304 WEST WALNUT HILL, SUITE 300	IRVING TX 75038
VCFO	CATO, GLENN P	1304 WEST WALNUT HILL, SUITE 300	IRVING TX 75038
DAS	RATLEY, LEONARD C	1304 WEST WALNUT HILL, SUITE 300	IRVING TX 75038
VCFO	Duffy, M. Dan	1304 W. Walnut Hill, Suite 300	Irving TX 75038

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) 100004717111--0 Suite, Apt. #, Etc. -12/10/01-01096-017 ****750.00 ****750.00 City State FL 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 *[Signature]* **BRIAN COURTNEY, ASST. VP.** Date 11-7-01
 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: *[Signature]* M. Dan Duffy Date 11-6-2001 Daytime Phone # 9727510078
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/01)