


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F00000005198

1. Corporation Name

CALL PROCESSING, INC.

Principal Place of Business

Mailing Address

901 E. 18TH STREET
PLANO TX 75074

901 E. 18TH STREET
PLANO TX 75074

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2000

5. FEI Number

75-2445861

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	STIMSON, CHARLES J	901 E. 18TH STREET	PLANO TX
V	BESHEAR, BRADY S	901 E. 18TH STREET	PLANO TX
			000004694800--6
			-11/27/01--01036--001
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TCS CORPORATE SERVICES, INC.
1406 HAYS STREET
STE #2
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brady Beshear

Date

10/23/01 (972) 578-1988

Daytime Phone #



October 23, 2001

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

On October 19th, we received a packet from your office that included a Reinstatement Application. On October 22nd, I contacted your office by phone to discuss the packet.

During the conversation, I explained that we had never received any type of report from the state of Florida, except for this Reinstatement Application.

The representative from your office (Michelle) told me what I needed to do to get reinstated. She told me the following:

1. Write a letter explaining the situation.
2. Ask for a waiver of any penalties or fees due to the circumstances.
3. Submit the Reinstatement Application with an officer's signature. Due to the circumstances, the Registered Agent does not need to sign the Application.
4. Send a check for \$150.00.

Please find enclosed the Application and check.

Under the circumstances, I ask for immediate reinstatement and the waiver of any penalties or fees.

I appreciate your assistance in this matter.

Sincerely,

Gary D. Squyres
Call Processing, Inc.