


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005271

1. Corporation Name
Electronic Transaction Consultants Corporation

500024940325
11/21/03--01031--009 **750.00

500024940325
11/21/03--01031--008 **8.75

2. Principal Office Address **1200 Executive Drive East**
3. Mailing Office Address **1200 Executive Drive East**

Suite, Apt. #, etc. **Suite 100**

City & State **Richardson, TX**

Zip **75081** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida 10/21/2002

5. FEI Number 75-2807746 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**

Suite, Apt. #, Etc.

City **Plantation**

State **FL** Zip Code **33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN

Date 11/9/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCS	Timothy Gallagher	1200 Executive Drive East, Suite 100	Richardson, TX 75081

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 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] **Timothy Gallagher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/9/2003 Daytime Phone # 214-615-2302

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