2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					- FILEU
DOCUMENT # F03000006047				• • •	
t. Entity Name					05 DEC 27 PH 12: 29
VERACITY RESEARCH CO.			Ì		09 BLC 27 1112
					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place	e of Business	Mailing Address			TALLAHASSEE, FLURIDA
		111 DALLAS STREET			
ARGYLE, TX	76226	ARGYLE, TX 76226			
2. Principal Pl	3. Mailing Address				
Suite, Apt. #. etc.		Suite, Apt, #, etc.			36
Sale, vgi V, Sta				Q	ENREST ATTENIENT 2098 (6/04)
City & State City & State				48	Applied For
Zip Country		Zip Country		nrv.	73-1480470 Not Applicable
2.5	·	1 2.0	000,1	,	5. Certificate of Status Desired . \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
NRAI SERVICES, INC.				Name	
2731 EXE			Street Address	s (P.O. Box Number is Not Acceptable)	
SUITE 4 WESTON, FL 33331					
WESTON,	FL 33531			City	17:0-4-
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
ine oongu.	:				
SIGNATURE_	Signature, typed or printed name of registered agen	t and title if applicable (NOT	E: Aegister	ed Agent signature requ	quired when reinstating) DATE
1	E NOW!!! FEE IS \$150.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Arter Jan	nuary 1, 2006, Fee will be \$300.				corporation did not receive the phor notice.
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	P FOSTER, LANCE	Delete .	TITLE		Change Addition
STREET ADDRESS	776 TEXAS OAK TRAIL			ET ADDRESS	900062655909
CITY+S1-ZIP	LAKE DALLAS, TX 75065		CITY	-ST-ZIP	900062655909 0170470601048004 **150,00
HILE	VP	Delete	TITL	1	Change Addition
NAME STREET ADDRESS	DOYLE, MARCUS 305 W. HICKORY RIDGE CIRC	LE	NAM SIRE	ET ADDRESS	
CITY+ST-ZIP	ARGYLE, TX 76226			-ST-ZIP	
TITLE		☐ Delete	TITL	£	Change Addition
NAME			NAM	I	
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS -S1-ZIP	
HILE		□ Delete	Title		Change Addition
NAME		_ 50000	NAM	ŧ.	
STREET ADDRESS				EET ADDRESS '-ST-ZIP	
CITY-ST-ZIP			TITL		☐ Change ☐ Addition
NAME	*	☐ Delete	AA41		Change Addition
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				(+ST-ZIP	
TITLE		☐ Delete	JTIT JAN		☐ Change ☐ Addition
NAME STREET ADDRESS			1	EET ADDRESS	
CITY-ST-ZIP				r-ST-ZIP	
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the exe	emption stated in t	s Section 119.07(3)(i), Florida Statutes. Hurther certify that the information
of the co	rporation or the receiver or trustee em	powered to execute this repor	t as requ	ired by Chapter 6	he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if
Changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Lance J. Foster 12 - 22 - 09 940 240 - 5029					
SIGNAT	TURE:	Lance	٠٠,	rostal	17-17-02 440740-201
i	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR	Date Daytime Phone #