

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -2 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006014

1. Corporation Name
ENTACT, Inc.

2. Principal Office Address
4040 West Royal Lane

Suite, Apt. #, etc.
136

City & State
Irving, Texas

Zip
75063

Country
USA

3. Mailing Office Address
4040 West Royal Lane

Suite, Apt. #, etc.
136

City & State
Irving, Texas

Zip
75063

Country
USA

REINSTATEMENT 96-02

4. Date Incorporated or Qualified
To Do Business in Florida November 22, 1994

5. FEI Number
75-2394280

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

000005492320-6
-05/08/02-01059-010
***1650.00 ***1650.00

State Zip Code
FL 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 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 5/2/02

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
CEO	Dean Pisani	4040 W. Royal Ln #136	Irving, TX 75063
T	Thomas Frawley	1360 North Wood Dale Rd#A	Wood Dale, IL 60191
S	Greg Tunstall	4040 W. Royal Ln. #136	Irving, TX 75063

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:

Dean Pisani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/02 (972) 580-1323

Daytime Phone #