PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # F95000002471

1. Corporation Name

TECOM, Incorporated DBA
TECOM Fleet Services W99000001489

Principal Place of Business	Mailing Address
5608 Parkcrest Austin, TX 78757 Suite #200	P.O. Box 26492 Austin, TX 78755

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: May, 1995

5. FEI Number: 74-1874418 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [x] — **$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Thomas L. Collins	5608 Parkcrest #200	Austin, TX 78731
Pres.	R. Lynn Laycock	5608 Parkcrest #200	Austin, TX 78731
Sect.	Sheila Langehennig	5608 Parkcrest #200	Austin, TX 78731

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REINSTATEMENT 96-99 4/6/99

8. Name and Address of Current Registered Agent

~~Jairo Pena~~
~~R. Lynn Laycock~~
~~13975 Pembroke Road~~
~~Pembroke, Pines, FL 33027~~

9. Name and Address of New Registered Agent

Name: Jairo Pena
Street Address (P.O. Box Number is Not Acceptable): 13975 Pembroke Road
Suite, Apt. #, Etc
City: Pembroke Pines State: FL Zip Code: 33027

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] REGISTERED AGENT MUST SIGN Date: 3/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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] Jairo Pena 3/22/99 954-435-0141
~~R. Lynn Laycock~~ 3/9/99 512-454-7966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Lynn Laycock, President

CR2E081 (12/98)