

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

glatz

CORPORATION REINSTATEMENT
 2000-01-UB

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

DOCUMENT # **F9600000090**

1. Corporation Name
TELETRAC LICENSE, INC.

FILED
 01 APR -3 AM 8:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2. Principal Office Address 3220 EXECUTIVE RIDGE		3. Mailing Office Address 3220 EXECUTIVE RIDGE	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State VISTA, CA		City & State VISTA, CA	
Zip 92083	Country USA	Zip 92083	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **1/4/96**

5. FEI Number **48-1177612** 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 **CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS STREET** **200003959082** **1**
~~04/04/01-01073-019~~

Suite, Apt. #, Etc. **NA** ******300.00 ****300.00**

City **TALLAHASSEE** State **FL** Zip Code **32301-2525**

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 *Deborah D. Skipper* **Deborah D. Skipper as its agent** Date **12-13-00**

REGISTERED AGENT MUST SIGN

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
S	SCHEIWE, STEVEN D.	3220 EXECUTIVE RIDGE SU 100	VISTA, CA 92083
V	HOWE, ALAN B.	3220 EXECUTIVE RIDGE SU 100	VISTA, CA 92083

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.

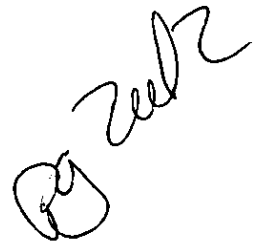
SIGNATURE: *Steven D. Scheiwe* **Steven D. Scheiwe** Date **12/1/00**

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

CR2E081 (9/99)

Teletrac

Corporate Headquarters
3220 Executive Ridge Drive, Suite 100
Vista, CA 92083
(760) 597-0510 Fax: (760) 597-9906



April 2, 2001

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

Re: Foreign Corporations: Teletrac License, Inc.

Dear Michelle:

Attached is the Corporation Reinstatement form for Teletrac License, Inc. Per our conversation, a check in the amount of \$300 is included. At the request of representative 'mmiligan' we were asked to only pay \$150 for the reinstatement fee due to changes in mailing addresses. As a result, notifications were not timely received.

As mentioned we would like to settle this matter as soon as possible. Your assistance has been greatly appreciated.

Thank you,



Jerry Bumbaugh
Accountant
Teletrac
(760) 597-0510 x126
(760) 597-9906 Fax