

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 20 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000000298

1. Corporation Name

REALTIME CONSULTING, INC.

|   |   |
|---|---|
| Principal Place of Business               | Mailing Address                           |
| 4835 LBJ FREEWAY #300<br>DALLAS, TX 75244 | 4835 LBJ FREEWAY #300<br>DALLAS, TX 75244 |

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 |  | 4. Date Incorporated or Qualified To Do Business in Florida  |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 01/16/1996   |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
| Zip  |  | Country                                      |  | 75-2380820   |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/><br>\$5.75 Additional Fee required for a Certificate of Status |  |

800002698748-9  
-12/01/98-01045-014  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

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 |
|-------------|--------------------------------------|--|-----------------------|
| PRES/ SECT. | SCOTT S. PALY                        | 30 RIVERVIEW PARKWAY   | ASHEVILLE, NC 28805   |
| VICE PRES.  | PHILIP E. GORMAN                     | 5904 STONE MEADOW DRIVE  | PLANO, TX 75093       |
|             |                                      |  |                       |
|             |                                      |  |                       |
|             |                                      |  |                       |
|             |                                      |  |                       |

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

TERENCE SPEYER  
9640 EAST BROADVIEW DRIVE  
BAY HARBOR ISLANDS,  
FLORIDA 33154

9. Name and Address of New Registered Agent

|   |                     |
|---|---------------------|
| Name  | 800002698748-9      |
| Street Address (P.O. Box Number and City, State, and Zip) | -12/01/98-01045-015 |
| Suite, Apt. #, Etc.                                       | *****8.75 *****8.75 |
| City  | State FL Zip Code   |

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 Terence Speyer Date 11-18-98  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Scott A. Paly Date 11/18/98 Daytime Phone # 828-299-3553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR