

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
99 DEC - 2 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005319**

1. Corporation Name  
**BUSY BODY, INC.**

Principal Place of Business	Mailing Address
4540 BELTWAY DRIVE DALLAS TX 75244	4540 BELTWAY DRIVE DALLAS TX 75244



**REINSTATEMENT 99**

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 <b>10/14/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>95-4479522</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
VS	CARROLL, R M	4540 BELTWAY DRIVE	DALLAS TX 75244
CD	MCDERMOTT, BRIAN P	2685 MAIN STREET, STE 280	SANTA MONICA CA
D	FOURTCO, MICHAEL J	2685 MAIN STREET, STE 280	SANTA MONICA CA
D	HILLMAN, RICHARD H	2685 MAIN STREET, STE 280	SANTA MONICA CA
D	WILSON, JAMES P	5847 SAN FELIPE, STE 4350	HOUSTON TX
D	Scarborough, James R	4540 Beltway Drive	Addison TX 75001

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name <b>000002071480-2</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>-12/15/99--01078--027</b> <b>****750.00 ****750.00</b>	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: Patricia Pizant Date: 10-28-99  
REGISTERED AGENT MUST SIGN

11. 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: James R Scarborough **JAMES R SCARBOROUGH** Date: 11/3/99 Daytime Phone #: 972-960-9212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR