

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

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APPLICATION FOR REINSTATEMENT



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

99 DEC 10 AM 9:44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F97000004053

1. Corporation Name

IQI, Inc.

Principal Place of Business

7880 Bent Branch, Ste. 150 Irving, Texas 75063

Mailing Address

7880 Bent Branch, Ste. 150 Irving, Texas 75063

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 8/1/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2665686

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: Please see attached.

8. Name and Address of Current Registered Agent

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields: Name, Street Address, Suite, Apt. #, Etc., 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: Laura R. Dunlap, REGISTERED AGENT MUST SIGN as its agent

Date: 12/10/99

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: Jerry L. Sims, Jr. SECRETARY

600003066816--8 12/7/99 972-930-1800

CR2E081 (11/2/98)



**IQI, INC.
CORPORATE OFFICERS AND DIRECTORS**

Name	Title	Address
Stephen A. McNeely	President	7880 Bent Branch, Suite 150 Irving, Texas 75063
Matthew S. Waller	CFO	7880 Bent Branch, Suite 150 Irving, Texas 75063
Jerry L. Sims, Jr.	Secretary	7880 Bent Branch, Suite 150 Irving, Texas 75063
Michael G. Santry	Chairman	7880 Bent Branch, Suite 150 Irving, Texas 75063
Paul G. Stearn	Director	7880 Bent Branch, Suite 150 Irving, Texas 75063
Frederic V. Malek	Director	7880 Bent Branch, Suite 150 Irving, Texas 75063
Daniel H. Chapman	Director	7880 Bent Branch, Suite 150 Irving, Texas 75063
Edward Blank	Director	7880 Bent Branch, Suite 150 Irving, Texas 75063
David L. Malcolm	Director	7880 Bent Branch, Suite 150 Irving, Texas 75063
John R. Birk	Director	7880 Bent Branch, Suite 150 Irving, Texas 75063
Darryl D. Pounds	Director	7880 Bent Branch, Suite 150 Irving, Texas 75063
Drew Lewis	Director	7880 Bent Branch, Suite 150 Irving, Texas 75063

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ACCOUNT NO. : 072100000032

REFERENCE : 498793 4323694

AUTHORIZATION :

COST LIMIT : \$ 750.00

Patricia Pajit

ORDER DATE : November 30, 1999

ORDER TIME : 11:38 AM

ORDER NO. : 498793-022

CUSTOMER NO: 4323694

CUSTOMER: Kevin R. Shook
HUGHES & LUCE, L.L.P.
HUGHES & LUCE, L.L.P.
Suite 2800
1717 Main Street
Dallas, TX 75201

RESUBMIT

Please give original submission date as file date.

DOMESTIC FILING

NAME: IQI, INC.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 DEC 10 PM 4:43

RECEIVED

[Handwritten initials]

99 DEC 10 PM 12:56

RECEIVED