

APPLICATION
FOR **aa**
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **F98000007003**

1. Corporation Name

BUSY BODY ACQUISITION, INC.

Principal Place of Business

4540 BELTWAY DR
ADDISON TX 75001

Mailing Address

4540 BELTWAY DR
ADDISON TX 75001

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

12/24/1998

5. FEI Number

75-2794594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
BD	WILSON, JAMES P	5847 SAN FELIPE, SUITE 4350	HOUSTON TX 77057
S	DAVIDSON, PHILIP	5847 SAN FELIPE, SUITE 4350	HOUSTON TX 77057
AS	STOVALL, FRED S	2200 ROSS AVE, SUITE 900	DALLAS TX 75201
P	Scarborough, James R	4540 Beltway Drive	Addison TX 75001

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-12/29/99--01011--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Corporation-Service-Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

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 REQUIRED**
REGISTERED AGENT MUST SIGNDate 10-28-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT & CEO

Date

Daytime Phone #

KE