

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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02 JUL 23 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

REINSTATEMENT 00-02

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99000000138			
1. Corporation Name NATIONAL DEVELOPMENT SERVICES INC. DBA: NDS INC.			
2. Principal Office Address 8750 FOURWINDS DRIVE		3. Mailing Office Address SAME	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State BULVERDE, TX		City & State	
Zip 78163	Country COMAL	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		01/08/99
5. FEI Number 74-2459031	Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt #, Etc.		
City Plantation	State FL	Zip Code 33324

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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, VS.			
Signature of Registered Agent		EA Wallace Assistant Secretary	Date 7/22/03
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
Pres	Mike Parham	310 Slumber Pass	San Antonio, TX 78258
V Pres	Mary A. Parham	310 Slumber Pass	San Antonio, TX 78258
Sec	Mike Parham	310 Slumber Pass	San Antonio, TX 78258
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:		07/17/02	830/980-8250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mike Parham - President		Date	Daytime Phone #