PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 19 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

400005969874--2
-06/25/02--01040--001
****308.75 ****308.75

DOCUMENT #

1. Corporation Name

Budget Phone, Inc.

F99000001380

2. Principal Office Address	**3.** Mailing Office Address
6901 W. 70th Street	P.O. Box 19360
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Shreveport, LA	Shreveport LA
Zip 71129 Country USA	Zip 71149 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 72-1335380 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

201.25-AR
10.00-ARTS
88.75-ARSupp
8.75-Cert

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, F.S.

Signature of Registered Agent: Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date: 6-17-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P,D	R. Daniel Hyde, Jr	5709 Shoreline Drive	Shreveport, LA 71119
D,D	Tony Cason	11295 Heritage Oak	Shreveport, LA 71106
T,S,D	R. Daniel Hyde, III	10145 Thornwood Drive	Shreveport, LA 71105
D,D	Stephen Hyde	9415 Acadiana Place Blvd	Shreveport, LA 71115

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: [signature] 6-14-02 318-671-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #