

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN 30 PM 3:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # H35322 1 Corporation Name Trust America Service Corporation		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; position: relative; top: -10px;"> 96 mwb </div>			
Principal Place of Business Mailing Address 5501 Independence Parkway, Suite 314 Plano TX 75023					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2 New Principal Office Address, If Applicable 5501 Independence Pkwy. Suite, Apt. #, etc. Suite 314 City & State Plano TX Zip 75023 Country USA		3 New Mailing Address, If Applicable 5501 Independence Pkwy. Suite, Apt. #, etc. Suite 314 City & State Plano TX Zip 75023 Country USA		4 Date Incorporated or Qualified To Do Business in Florida 5-28-86 5 FEI Number Applied For 59-2620750 Not Applicable 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
PD	Angelo C. Prieto	5501 Independence Parkway Suite 314	Plano TX 75023		
SD	Stewart E. Davis	906 Woodlief Trail	Round Rock TX 78664		
D	H. Custis Hoge	Reverchon Plaza, Ste 810 3500 Maple Avenue	Dallas TX 75219		
8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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		<div style="font-size: 1.2em; font-weight: bold;">MICHAEL E. JONES</div> <div style="font-size: 1.2em; font-weight: bold;">ASSISTANT SECRETARY</div> <div style="font-size: 1.2em;">Date 1/29/97</div>			
11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on Intangible tax.)					
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:		ANGELO C. PRIETO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="float: right; text-align: right;"> Date 1/21/97 Daytime Phone # 972/7580852 </div>			