

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000354

1. Limited Liability Company's Name

Excell Agent Services, LLC

2. Principal Office Address

2625 S. Plaza Drive

Suite, Apt. #, etc.

Suite 400

City & State

Tempe, AZ

Zip

85282

Country

USA

3. Mailing Office Address

6500 N. Belt Line Road

Suite, Apt. #, etc.

Suite 170

City & State

Irving, TX

Zip

75063

Country

USA

4. State/Country of Formation

Nevada

5. Date Organized or Qualified

To Do Business in Florida 09/18/1996

6. FEI Number

86-0751266

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. 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

REINSTATEMENT 01-03

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Michael E. Jones

Date

4/21/2003

REGISTERED AGENT MUST SIGN Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manage	John Andrews	2625 S. Plaza Drive, Suite 400	Tempe, AZ 85282
Manage	Greg Sorensen	2625 S. Plaza Drive, Suite 400	Tempe, AZ 85282
Manage	Steve Heffrom	2625 S. Plaza Drive, Suite 400	Tempe, AZ 85282
Manage	Brian Arlington	2625 S. Plaza Drive, Suite 400	Tempe, AZ 85282
Manage	Peter R. Anderson	6500 N. Belt Line Road, Suite 170	Irving, TX 75063
Membe	Excell Global Services, Inc.	6500 N. Belt Line Road, Suite 170	Irving, TX 75063

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

[Signature]

Date 4/15/03

Daytime Phone# 972-999-4550

Typed or printed name of signing Managing Member/Manager

Peter R. Anderson

CR2E041 (10/02)