REINSTATEMENT

DOCUMENT # P37926

1. Entity Name
TOP PRIORITY SALES, INC.

FILED
06 APR -4 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2201 ROYAL LANE STE 230 IRVING, TX 75063	2201 ROYAL LANE STE 230 IRVING, TX 75063

10192005 -REIN-P CR2E098 (6/04) 05-06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
77-0301938
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.

SIGNATURE Dilanie Case, asst sec. 3-22-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS D'AMICO, RICHARD J 2201 ROYAL LANE, STE 230 IRVING, TX 75063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POS JEFF COHEN 2201 ROYAL LN, STE 230 IRVING, TX 75063	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCOLPIN, PATRICK 2201 ROYAL LANE, STE 230 IRVING, TX 75063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASR JOE BRANNEN 2201 ROYAL LN # 230 IRVING, TX 75063	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200070798802 04/18/06--01036--006 **900.00	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/6	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lacy Mackey CFO 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF ENDORSING OFFICER OR DIRECTOR Date Daytime Phone #