

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 16 PM 12:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P39893**

1. Corporation Name
ATUSA, INC.

Principal Place of Business 5949 SHERRY LANE, SUITE 1900 DALLAS TX 75225	Mailing Address 5949 SHERRY LANE, SUITE 1900 DALLAS TX 75225
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REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/03/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 75-2439036	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	SAMMONS, ELAINE D.	4242 LOMO ALTO	DALLAS TX
VC	KORBA, ROBERT W.	300 CRESCENT COURT #700	DALLAS TX
V	RICHARDS, JACK	5949 SHERRY LANE #1900	DALLAS TX
VS	GORMAN, JEFF	5949 SHERRY LANE #1900	DALLAS TX
T	KECKEISEN, JANET	5949 SHERRY LANE #1900	DALLAS TX

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 -01/10/97-0113-027
 ****383.75 ****323.75

8. Name and Address of Current Registered Agent C T 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 FL Zip Code

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: Barbara A Burke **BARBARA A. BURKE**
 SPECIAL ASSISTANT SECRETARY Date: 1-13 97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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: Janet Keckeisen **Janet Keckeisen** 11/12/96 014-360-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (7/96)