Signature of Registered Agent Date 130-201 Registered Agent RECISTERED AGENT MUST SIGN Date 130-201 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 Director (Florida nonprofit corporations must list at least 3 directors) DST HUGHES, THOMAS A. LARCHFIELD, HEATHFIELS AVE BERKSHIRE SLSOAL ENGLAND DP SKELTON, GRAHAM W. SPRINGFIELD BECKSHIRE RA8795 ENGLAND D BRINDLE, WILLIAM R. SUMMERFIELDS, BRENTMOOR RD WEST END SURREY ENGLAND D COLOPY, MICHAEL 1919 PENSYLVANIA AVE, STE 800 WASHINGRON, D.C. 20006 V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 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. 1 further certify that when fling 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. 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: March Address of for dissolution have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(0, F.S. The information indicated on this		PLEASE RE	AD ALL INST	RUCTIC		COMPLET	ING	THIS FC)49e h DRM.	42	
DOCUMENT # SECRETARY OF STATE TALLALASSEE, FLORIDA VIRTUAL ACCESS, INC. #P6000039466 State 75, 400 VIRTUAL ACCESS, INC. #P6000039466 State 74, 600 2. Principia Office Adverse State 74, 600 State Act, 8 oc. State 74, 600 Ory & State Ory & State Org & State Org & State To Do Bounders on Pointing Office Address of Current Registered Agent To Do Bounders on Pointing Office Address of Current Registered Agent Robert A. KASKY State Address of Current Registered Agent Name To Name and Address of Current Registered Agent Name To Name and Address of Current Registered Agent Name To State Address of State Tale State Address of Bach Office Address To State Address of State Tale State Address of Bach Office Address of Carrent Registered Agent State Tale Rothoffice Address of Bach Office Address of Ca	CORPORATION REINSTATEMENT			Katherin e Secretary							
2. Principal Office Address 3. Making Office Address 3801 TRILLIUM DR. 3601 TRILLIUM DR. Sule. Apt. # etc. 4. Data Incorporated or Dualited To Do Dualiness in Florida 04/26/1996 City & Shite City & Shite PLANO, TX PLANO, TX Zip Country Zip Zip Zip Country Zip Zip <td colspan="6"></td> <td colspan="5"></td>											
3601 TRILLIUM DR. 3601 TRILLIUM DR. Suite, Apt #, etc. 4. Date Incorporated or Qualified To DB Bunness in Florida 04/26/1996 City & Sinte Clay & Sinte PLANO, TX PLANO, TX Zip Country 75093 USA 75093 USA 75093 USA 700BERT A. KASKY Country 9 Country 100 Bauness in Florida 04/26/1996 Name 7. Name and Address of Curront Registerid Agent 8. 1/ being appointer the registerid Agents 900000216;556078 9	VIRTU	AL ACCESS, INC. #Pe	000039466								
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. A Date hearported of Qualified To Do Business in Florida Qu/26/1996 Step PLANO, TX For Purchase in Florida Qu/26/1996 Step Country To Cou	2. Princip	oal Office Address	3. Mailing Off	ice Address							
A: Date Incorporation of Cluster City & State City & State PLANO, TX PLANO,								•			
City & State City & Country Ci	Suite, Apt. #, etc. Suite, Apt. #, etc.			nc.							
PLANO, TX PLANO, TX 75-2715761 Not Applicable Zip Country Zip Country 8. 75-2715761 Not Applicable 75093 USA 75093 USA Country 8. 75-2715761 Not Applicable 75093 USA 75093 USA Country 8. 75-2715761 Not Applicable 75093 USA 75093 USA Country 8. 75-2715761 Not Applicable 75093 USA 75093 USA Country 8. 75-2715761 Not Applicable 75093 USA 75093 USA Country 8. 75-2715761 Not Applicable Name 70020705 Country USA -02/07/0101071-006 -02/07/0101071-006 Street Address of Each City FL 33021 -02/07/0101071 -02/07/01006 8. It being appointed the registeriod paper Paper Street Address of Each -02/07/010030, F.S. Sighture of moder FpGISTERED AGENT MUST SIGN Date -02/07/000, F.S. 9. Names and Street Addresses of Each Officer andro Director (Forda norpedit corporations musti ist at least 3 directors) -01/0200, F	City & State City &						lorida 04/26				
Zip Country Zip Country 6 CRITIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status 75093 USA 75093 USA 6 CRITIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status Name Name and Address of Current Registered Agent 80000036556078 9 ROBERT A. KASKY 90.701701010711-0005 9 State. Apt. #. Etc.	PLANC), ТХ	PLANO, 1	PLANO, TX							
75093 USA 75093 USA Intervent Registered Agent ROBERT A. KASKY Street Address (0 is Number is Not Acceptable) Num of Street Address (0 is Number is Not Acceptable) Num of Street Address (0 is Number is Not Acceptable) Num of Street Address (0 is Number is Not Acceptable) Street Address (0 is Number is Not Acceptable) <td>Zip</td> <td>Country</td> <td>Zip</td> <td>C</td> <td>Country</td> <td>6.</td> <td></td> <td></td> <td></td> <td></td>	Zip	Country	Zip	C	Country	6.					
Name B0000036556075 3 ROBERT A. KASKY -02/07/0101071-006 Street Address (PO. Box Number is Not Acceptable) *****308.75 2830 FAIRWAY DRIVE ******308.75 Suite, Apt.#, Etc. City City FL HOLLYWOOD, FL FL B. I; being appointed the registers/aparth of the Yove notice for poration, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature or Bate Registered Agent Registered Agent Registered Agent Name of Officer and/or Director Street Address of Each Officer and/or Director Officer and/or Director DST HUGHES, THOMAS A. LARCHFIELD, HEATHFIELS AVE BERKSHIRE SLSOAL ENGLAND DP SKELTON, GRAHAM W. SPRINGFIELD DB BRINDLE, WILLIAM R. SUMMERFIELDS, BRENTMOOR RD WEST END SURREY ENGLAND D BRINDLE, WILLIAM R. SUMMERFIELDS, BRENTMOOR RD WASHINGRON, D.C. 20006 V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 10. Locitity that 1 am an officer or director or thusee empowered to execute this application as proofed for in chapter 607 or 617, F	75093	USA							for a Certifica	te of Status	
Signature of Registered Agent Date 130-201 Registered Agent RECISTERED AGENT MUST SIGN Date 130-201 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 Director (Florida nonprofit corporations must list at least 3 directors) DST HUGHES, THOMAS A. LARCHFIELD, HEATHFIELS AVE BERKSHIRE SLSOAL ENGLAND DP SKELTON, GRAHAM W. SPRINGFIELD BECKSHIRE RA8795 ENGLAND D BRINDLE, WILLIAM R. SUMMERFIELDS, BRENTMOOR RD WEST END SURREY ENGLAND D COLOPY, MICHAEL 1919 PENSYLVANIA AVE, STE 800 WASHINGRON, D.C. 20006 V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 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. 1 further certify that when fling 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. 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: March Address of for dissolution have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(0, F.S. The information indicated on this	(5)	2830 FAIRWAY DRI Suite, Apt. #, Etc. City		~			· · · ·	Zip Code	3.75 ***		
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip DST HUGHES, THOMAS A LARCHFIELD, HEATHFIELS AVE BERKSHIRE SLSOAL ENGLAND DP SKELTON, GRAHAM W. SPRINGFIELD BECKSHIRE RA8795 ENGLAND D BRINDLE, WILLIAM R. SUMMERFIELDS, BRENTMOOR RD WEST END SURREY ENGLAND D COLOPY, MICHAEL 1919 PENSYLVANIA AVE, STE 800 WASHINGRON, D.C. 20006 V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 OO OO OO OO CAURY TS 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 application is true and accurate and my signature shall have the same legal effect as if made under oath. SIGNATURE: Matheway A 29 Mathat 201 561 T76 0518	Sigivature	or CKA	AAS		· ·	e obligations of se		1-R			
Ittles Officers and/or Directors Officer and/or Director City / Sale 7 Lip DST HUGHES, THOMAS A LARCHFIELD, HEATHFIELS AVE BERKSHIRE SLSOAL ENGLAND DP SKELTON, GRAHAM W. SPRINGFIELD BECKSHIRE RA8795 ENGLAND D BRINDLE, WILLIAM R. SUMMERFIELDS, BRENTMOOR RD WEST END SURREY ENGLAND D COLOPY, MICHAEL 1919 PENSYLVANIA AVE, STE 800 WASHINGRON, D.C. 20006 V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 OO OO OO OO OO 10. Icertify 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)(0), 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: Matheware the same legal field as if made under oath. 29 Anuary 2001 561 776 0518	9. Names	and Street Addresses of Each C	fficer and/or Director (F	lorida nonprof	fit corporations must list at	least 3 directors)				
DP SKELTON, GRAHAM W. SPRINGFIELD BECKSHIRE RA8795 ENGLAND D BRINDLE, WILLIAM R. SUMMERFIELDS, BRENTMOOR RD WEST END SURREY ENGLAND D COLOPY, MICHAEL 1919 PENSYLVANIA AVE, STE 800 WASHINGRON, D.C. 20006 V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 OD OI (UBR) T8 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 817, 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 197.0401, 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: MWAS M. M. M. 29	Titles					City / State / Zip					
D BRINDLE, WILLIAM R. SUMMERFIELDS, BRENTMOOR RD WEST END SURREY ENGLAND D COLOPY, MICHAEL 1919 PENSYLVANIA AVE, STE 800 WASHINGRON, D.C. 20006 V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 Io. 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: Mother M. H. Mathematical Content of the same legal effect as if made under oath.	DST	HUGHES, THOMAS A	LARCHFIELD, HEATHFIELS AVE			BERKSHIRE SLSOAL ENGLAND					
D COLOPY, MICHAEL 1919 PENSYLVANIA AVE, STE 800 WASHINGRON, D.C. 20006 V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 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: MOWS M. A. M. 29 Stor 76.0518	DP	SKELTON, GRAHAM	SPRINGFIELD			BECKSHIRE RA8795 ENGLAND					
V POTEST, MICHAEL 16 LINBERGER DR BRIDGEWATER, NJ 08807 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: 29 MWAM 2001 S61 776 0518	D	BRINDLE, WILLIAM R	SUMMERFIELDS, BRENTMOOR RD			WEST END SURREY ENGLAND					
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.	D	COLOPY, MICHAEL	1919 PENSYLVANIA AVE, STE 800			WASHINGRON, D.C. 20006					
 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: 	v	POTEST, MICHAEL	16 LINBERGER DR								
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.						$D\overline{O}$ -	0	100	R TS		
	filing t that a	this reinstatement application, the	e reason for dissolution we been paid and the na	has been elim ames of individ	inated, the corporate nam duals listed on this form d	e satisfies the re o not qualify for a	quirement n exempti	ts of section 6 ion under sect	07.0401 or 617.0	0401, F.S.,	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNA				CER OR DIRECTOR	29 Ja	NUANY Date	2001	S61 776 Daytime Phone #	6518	

PAGE 2wt U

VIRTUAL ACCESS, INC. 3601 TRILLIUM DRIVE PLANO, TX 75093

January 24, 2001

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Dear Sir:

Enclosed is an Application for Reinstatement for Virtual Access, Inc. and our check made payable to Florida Secretary of State in the amount of \$308.75. This amount includes a \$300 reinstatement fee and \$8.75 for a certificate of status.

Discussions with your office indicate that the above corporation was dissolved September 22, 2000 for failure to file the uniform business report for 2000. We never received this required form and were not aware that is had not been filed. Your office indicates that the form was mailed to 11350 Random Hills Rd., Suite 800, Fairfax, VA 22030 and subsequently returned by the post office. This mailing address is incorrect.

Discussions with your office indicate that due to the above circumstances, the reinstatement fee of \$900 may be waived and a \$300 reinstatement fee may be accepted. We respectfully request such a waiver.

Please correct the principal address to 3601 Trillium Drive, Plano, TX 75093 and mail all future correspondence and forms to this address.

Your timely consideration of this application and request is appreciated.

Sincerely,

Momsol . Hyper