PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
FLORIDA DEPARTMENT OF STATE FLORIDA DEPARTMENT OF STATE Secretary of State FLORIDA DEPARTMENT OF STA		PEED	
DOCUMENT # 19600092010			98 JUN 30 FH 10: 03
1. Corporation Name CALL CENTERS, INC.			SECRETISE OF STATE TALLATASSES, PECRIDA
Principal Place of Business Mailing Address			
2830 N28TH TERRACE			5000025 781 05 0 -07/01/9801092009
HOLLYWOOD, FL 33020			****308.75 ****308.75
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		Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, elc.	Jite, Apt. #, etc. Suite, Apt. #, etc.		10 bb Business in Florida
City & State City & State			65-06/6470 Not Applicable
Zip Country	Zip Coun	try	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required tor a Certificate of Status
		K A P.A . A I.	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each			
Title(s) and/or Directors Officer and/or Director City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers) 4			
JEC EdWARD E. VOC	NK17 / 401 /VV	105	FIVE. PLANTATION, FL 33324 FIVE: PLANTATION, FL 33324 5000025781050 -07/01/9801092010 *****15.00 *****15.00
8. Name and Address of Curren	t Registered Agent		9. Name and Address of New Registered Agent
ROBERT T. KNOX 420 US Highway AVB			VARD E DOCKRHY O Box Number is Not Acceptable) W 105 Th HVE. State 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 J & Charles HEGISTERED AGENT MUST SIGN			Date 6-25-98
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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: E. E. DOCKRHY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone 4			



2830 n 28th Terrace Hollywood, FL 33020 Phone: 954-926-5275

June 25, 1998

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Mr. Slogan

Re: Request for Waiver of Reinstatement Fee

Dear Mr. Slogan:

On June 19, 1998 I spoke to you regarding the reinstatement of my corporation, Call Centers, Inc. for the years 1997 and 1998. I received form 203. Reinstatement (Corp) today.

We have been at this location since April, 1997. I explained that I never received any notice and you informed me that the Division of Corporations had the wrong address for this corporation.

Because of these extenuating circumstances, you told me that you would waive the reinstatement fee. The cost to reinstate Call Centers, Inc. would be \$150.00 for each year. I am also requesting a certificate of status for the year 1998.

I have enclosed a check in the amount of \$308.75 for reinstatement of Call Centers, Inc. for 1997 and 1998 as well as a certificate of status for 1998.

Sincerely.

Edward E. Dockray

President

Enclosure