



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 NOV 30 AM 11:19 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # P98000070819 1. Corporation Name QUESTAR MT. LAUREL, Inc.					
2. Principal Office Address 2200 ROSS AVE. Suite, Apt. #, etc. SUITE 3600 City & State DALLAS, TX Zip 75201		3. Mailing Office Address 2200 ROSS AVE. Suite, Apt. #, etc. SUITE 3600 City & State DALLAS, TX Zip 75201		REINSTATEMENT  4. Date Incorporated or Qualified To Do Business in Florida 8/10/1998 5. FEI Number 59-3527957 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name NRAI SERVICES, Inc Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE Suite, Apt. #, Etc. City TALLAHASSEE					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent C. Baclet c. Baclet, Vice President Date 11-30-00 REGISTERED AGENT MUST SIGN					
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 Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D, CEO	MARK L. WAGAR	2200 ROSS AVE., SUITE 3600	DALLAS, TX 75201		
P, COO	MARK S. MARTIN	2200 ROSS AVE., SUITE 3600	DALLAS, TX 75201		
S, ID	PAUL M. JOLAS	2200 ROSS AVE., SUITE 3600	DALLAS, TX 75201		
VP	DAVID W. YOUNG	2200 ROSS AVE., SUITE 3600	DALLAS, TX 75201		
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 David W. Young SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAVID W. YOUNG Date 11-29-00		214-303-2776 Daytime Phone #	

KE