

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

02 JUL -2 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S66667 1. Corporation Name <b>ECOAM, INC.</b>			
2. Principal Office Address 7439 E. Hillsborough Ave. Suite, Apt. #, etc.		3. Mailing Office Address 8900 Shoal Creek, Building 200 Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Austin, Texas	
Zip 33610	Country U.S.A.	Zip 78757	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida <b>July 17, 1991</b>			5. FEI Number <b>59-3076788</b>
			Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			\$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name <b>CT Corporation System</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Rd.</b>		
Suite, Apt. #, Etc.		
City <b>Plantation</b>	State <b>FL</b>	Zip Code <b>33324</b>

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 *Cornie Brown* Date 7/2/02  
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/C	Jay Allen Chaffee	712 Main Street, Suite 1700	Houston, Texas 77002
D	T. Peter DeWeese	8900 Shoal Creek, Building 200	Austin, Texas 78757
P	A. Daniel Sharplin	8900 Shoal Creek, Building 200	Austin, Texas 78757

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 61 T, 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: *T. Peter DeWeese* **T. Peter DeWeese** **July 1, 2002** **(512) 380-7171**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #