PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -2 PM 3:30

KS

DOCUMENT # F01000000306

1. Corporation Name
Core Communications Corporation

REINSTATEMENT 06-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
22710 Executive Drive	22710 Executive Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2nd Floor	2nd Floor
City & State	City & State
Dulles, VA	Dulles, VA
Zip / Country	Zip / Country
20166 / USA	20166 / USA

4. Date Incorporated or Qualified To Do Business in Florida 03/31/1999

5. FEI Number 52-2159170 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: CT Corporations Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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08/03/10--01001--017 **1385.00

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: [signature] Anusha Putty, Vice President and Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 6/22/10

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
CFO	Antoine Andenmatten	22710 Executive Drive	Dulles, VA 20166
Gen Council	Joerg Baumann	22710 Executive Drive	Dulles, VA 20166

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. 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. I further certify, 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: [signature] Antoine Andenmatten — 6/22/10 — (571) 323-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #