PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 10 AM 11:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F01000000306

1. Corporation Name
CORE COMMUNICATIONS Corporation

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
105 EXECUTIVE DRIVE	Same
Suite, Apt. #, etc.: Suite 105	Suite, Apt. #, etc.
City & State: DULLES, VA	City & State
Zip: 20166 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 3/31/1999

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

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent - changing to:

Name: Corporation Service Company — CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street — 1200 South Pine Island Rd.
Suite, Apt. #, Etc.: — Plantation, FL 33324
City: Tallahasee State: FL Zip Code: 32301-2525

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 9/10/03
REGISTERED AGENT MUST SIGN

CR2E051 (10/02)

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
CEO	DAVID F. GIANNINI	105 EXECUTIVE DR. STE 105 ~~DULLES, VA 20166~~	DULLES, VA 20166
COO	Richard Stemitzke	105 EXECUTIVE DR. SUITE 105	DULLES, VA 20166
DIR	Jonathan Silver	901 15TH ST., NW. 9TH Floor.	WASH, DC. 20001

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: _____ 10/8/03 703-702-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number