

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 SEP 12 PM 3:57
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P97000077590

1. Corporation Name **UCI Teleport, Inc.**

2. Principal Office Address		3. Mailing Office Address	
300 Crescent Court			
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc.	
City & State Dallas, Texas		City & State	
Zip 75201	Country	Zip	Country

REINSTATEMENT *AB-10*

4. Date Incorporated or Qualified To Do Business in Florida **09/08/1997**

5. FEI Number 88-0386727	Applied For <input type="checkbox"/> Not Applicable
---	--

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Boulevard

Suite, Apt. #, Etc.
Suite 508

City
Miami

State
FL

Zip Code
33156

700003405267-3
 -09/26/00--01103--023
 ***1050.00 ***1050.00

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: *Michael A. Barr* Date: *9/5/00*
MICHAEL A. BARR-PRES 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
P	Barrett Wissman	300 Crescent Court, #800	Dallas, TX 75201
S/D	Stuart Chasanoff	300 Crescent Court, #800	Dallas, TX 75201
T	Thomas P. McMillin	300 Crescent Court, #800	Dallas, TX 75201
			KE

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: *Stuart Chasanoff* **Stuart Chasanoff, Secretary** Date: *8/21/00* (214) 777-4100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)