PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED OI OCT II PM 2: 10
DOCUMENT # F0000003164 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE FLORIDA
EVEREST BROADBAND NOTWORKS OF		
FLORIDA, INC.		h
2. Principal Office Address One executive Drive	3. Mailing Office Address One Executive Prive	REMSTATEMENT 2001
Suite Apt. #, etc. Suite 600	Suite 600	4. Date Incorporated or Qualified To Do Business in Florida
Fort LCe, NJ	Fort Lee, NJ	To Do Business in Florida 5123 2000 5. FEI Number Applied For Not Applicable
Country U.S.	b7024 US	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc. 510004531608		
Tallahassee		State Zip Code FL 3230)
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 August Agent		Digations of section 607.0505 or 617.0503, F.S.
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	Oh. 10-1-17-
Ares. Jeffrey teld man	Officer and/or Director	Drive Fort Lee, N. J. 07029
U.P. Herbert Hasch	One Executive	Prive Fort Lee, NT. 07024
Sec. Christopher Dakymple One Greative Drive Forther NJ 07024		
Treasurer Darrin Ullerick One Grewher Dove Father NJOZOZY		
Orector Gerald A Poch 500 Nyala Farm Road Vestport CT. 06880 Orector Joseph Kerecman 2301 Harket St. 8471 Philadelphia PA19101		
Onerfor Joseph Kere	cman 2301 Harket St	SUFI Philadelphia 8A 19101

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SIGNING OFFICER OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OFFICER OR PRINTED N

(LO1) 905-8392



ACCOUNT NO. : 072100000032

REFERENCE :

849489

7283864

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 9, 2001

ORDER TIME : 11:02 AM

ORDER NO. : 849489-015

CUSTOMER NO: 7283864

CUSTOMER: Ms. Patti Rennar

Everest Broadband Networks,

One Executive Drive

Ste. 600

Fort Lee, NJ 07024

REINSTATEMENT

NAME: EVEREST BROADBAND NETWORKS

OF FLORIDA INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXT 1133

EXAMINER'S INITIALS