

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL -3 AM 11:26

DOCUMENT # F00000003262

1. Corporation Name

Black Box Network Services Baltimore, Inc

W06 - 26989

2. Principal Office Address

1010 Haley Road

Suite, Apt. #, etc.

3. Mailing Office Address

1010 Haley Road

Suite, Apt. #, etc.

REINSTATEMENT 01-06
CR2E081 (12/05)

City & State

MURFREESBORO, TN

City & State

MURFREESBORO, TN

Zip
37129

Country
USA

Zip
37129

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2000

5. FEI Number

25-1861900

Applied For

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

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Peter F. Souza
Assistant Secretary

Date

5/30/06

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
President	Fred Young	1000 Park Drive	Lawrence, PA 15055
Vice President	Kimberly Tollett	1010 Haley Road	Murfreesboro, TN 37129
Secretary	Michael Mcandrew	1000 Park Drive	Lawrence, PA 15055

900077345949
07/11/06--01036--009 **1500.00

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 contained in Chapter 119, 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:

Kimberly Tollett

5/26/06

615-890-3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #