


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 16 PM 12:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F0000005223 1. Corporation Name <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Verizon Yellow Pages Company</div>					
2. Principal Office Address Verizon Place Suite, Apt. #, etc. 2200 W. Airfield Drive City & State DFW Airport, Texas Zip Country 75261 USA		3. Mailing Office Address Verizon Place Suite, Apt. #, etc. 2200 W. Airfield Drive City & State DFW Airport, Texas Zip Country 75261 USA		4. Date Incorporated or Qualified To Do Business in Florida September 18, 2000 5. FEI Number 22-2475018 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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. 400004693784-9 City PLANTATION State FL Zip Code 33324 <div style="text-align: right; margin-top: 5px;"> 11/26/01-01078-008 ****750.00 ****750.00 </div>					
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 Asst. Secy. Date 11-16-01 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		
	See Attached List				
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: Allison Wachendorfer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Allison Wachendorfer, Secretary		Date 11/14/01		Daytime Phone # 973/453-7000	

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VERIZON YELLOW PAGES COMPANY

Address for all the below:

Board of Directors

2200 West Aifield Drive
DFW Airport, TX 75261

Katherine J. Harless
William G. Mundy
David Schoenberger
John J. McDonald
Patrick J. Marshall
David R. Landry
Ronnie Montgomery

Officers

Office

Name

President
Vice President and General Counsel
Vice President-Finance
Vice President-Human Resources
Vice President-Strategic Planning
Vice President-Information Technology
Vice President-Marketing
Vice President-Sales
Vice President-Printing and Distribution
Controller
Treasurer
Secretary
Assistant Secretary
Assistant Secretary
Assistant Treasurer
Assistant Controller
Assistant Controller

Katherine J. Harless
William G. Mundy
David Schoenberger
Sandra L. Roach
Lester K.W. Chu
David R. Landry
Patrick J. Marshall
John J. McDonald
Ronnie Montgomery
Dane E. Beck
Brian E. Dunn
Allison Wachendorfer
Kevin D. Balsley
John F. Natoli
Janet M. Garrity
Richard Weiss
Patrick Dentico

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Verizon Yellow Pages Company

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED
 01 NOV 16 PM 11:43
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

11/16/01

MS

Order#: 4903278

Ref#: _____

Amount: \$ _____