

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 14 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000001815**

**1. Corporation Name**

Telecom New Zealand Communications (USA) Limited Inc

**2. Principal Office Address**

251 South Lake Ave

Suite, Apt. #, etc.

Suite 540

City & State

Pasadena CA

Zip

91101

Country

USA

**3. Mailing Office Address**

1720 Windward Concourse

Suite, Apt. #, etc.

Suite 250

City & State

Alpharetta GA

Zip

30005

Country

USA

REINSTATEMENT 02-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/4/2001

**5. FEI Number**

95-4817054

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

TCS Corporate Services Inc

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

103 N Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

700059198197  
08/31/05--01063--005 \*\*1235.00

**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

REGISTERED AGENT MUST SIGN

Date

9/9/05

**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
CD	Anthony Briscoe	251 South Lake Ave Suite 251	Pasadena CA 91101
P	Ian Neale	251 South Lake Ave Suite 251	Pasadena CA 91101
AST	David Jefferis	251 South Lake Ave Suite 251	Pasadena CA 91101
D	Peter Crimp	251 South Lake Ave Suite 251	Pasadena CA 91101

REINSTATEMENT

**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:

DAVID A. JEFFERIS 8/15/05 626-432-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA**

**Telecom New Zealand Communications (USA) Limited Inc**

(Name of Corporation)

**Delaware**

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

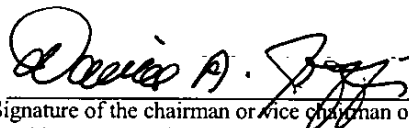
**1720 Windward Concourse, Suite 250**

(Mailing Address)

**Alpharetta, GA 30005**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
Signature of the chairman or vice chairman of the board,  
president, or any officer.

**TREASURER**  
Title

**DAVID A. JEFFERS**  
Typed or printed name

**8/15/05**  
Date