

112

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005587

1. Corporation Name
MDU Communications (USA) Inc.

2. Principal Office Address
60-D Commerce Way
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Totowa, NJ

Zip Country
07512 USA

REINSTATEMENT 02-06

4. Date Incorporated or Qualified To Do Business in Florida 10/24/01

5. FEI Number 522233908 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 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 *Sandra Ortega* Sandra Ortega Assistant Secretary Date 10/4/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/C	Sheldon Nelson	60-D Commerce Way	Totowa, NJ 07512
V/D	Patrick Cunningham	60-D Commerce Way	Totowa, NJ 07512
V	Carmen Ragusa, Jr	60-D Commerce Way	Totowa, NJ 07512
S	Brad Holmstrom	60-D Commerce Way	Totowa, NJ 07512

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 11B, 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: *Brad Holmstrom* Brad Holmstrom, Corp. Secretary 9/28/06 (973) 237-9499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FD-10 - 01/04/2006 CT System 0413a

10/b ad

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

MDU COMMUNICATIONS (USA) INC.

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