

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

4 MAY 13 AM 7:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # (404) **F02000005533**

**1. Corporation Name**

Cypress Communications of Delaware, Inc.

**2. Principal Office Address**

15 Piedmont Center

Suite, Apt. #, etc.

100

City & State

Atlanta, GA

Zip

30305

Country

USA

**3. Mailing Office Address**

15 Piedmont Center

Suite, Apt. #, etc.

100

City & State

Atlanta, GA

Zip

30305

Country

USA

**REINSTATEMENT** **B-24**

**4. Date Incorporated or Qualified  
To Do Business in Florida 11/4/02**

**5. FEI Number**

58-2536853

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 North Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**8. I, being appointed the registered agent for 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

5/10/04

**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
CEO Pres	Gregory McGraw	15 Piedmont Center, Suite 100	Atlanta, GA 30305
EVP CFO	Neal Miller	15 Piedmont Center, Suite 100	Atlanta, GA 30305
EVP	Salvatore Collura	15 Piedmont Center, Suite 100	Atlanta, GA 30305
Asst. Sec	Deena Snipes	15 Piedmont Center, Suite 100	Atlanta, GA 30305

**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 DIRECTOR

May 6, 2004

Date

(404) 869-2500

Daytime Phone #

CR2E081 (01/04)