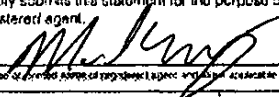
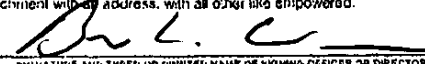


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 27 AM 8:33
ALLAHSSEE, FLORIDA

DOCUMENT # F04000000714			
1. Entity Name MCC TELEPHONY OF FLORIDA, INC.			
Principal Place of Business 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941		Mailing Address 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
10212008		REIN-P CR2E098 (1/07)	
4. FEI Number 20-0781137		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Mark S. Eppley Assistant Vice-President and Secretary (NOTE: Registered Agent Signature Required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP CRAIB, CALVIN 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100137324241 10/27/08--01053--018 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PASCARELLI, JOHN 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT STEPHAN, MARK 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		10/21/08 845-695-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Typing Plural	

10/28
aw