


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

2006 SEP 26 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05000005384			
1. Corporation Name Vertical Communications Acquisition Corp.			
2. Principal Office Address One Memorial Dr Suite, Apt. #, etc. 10th Floor City & State Cambridge, MA Zip 02142		3. Mailing Office Address 106 Cattleman Rd. Suite, Apt. #, etc. City & State Sarasota, FL Zip 34232	
Country USA		Country USA	

REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida September 2005	
5. FEI Number 86-0446453	Applied For <input type="checkbox"/> Not Applicable <input 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 Capitol Corporate Services, Inc		000080225920 09/27/06--01052--001 **8.75	
Street Address (P.O. Box Number is Not Applicable) 155 Office Plaza Dr., Suite A			
Suite, Apt. #, Etc.		000080225920 09/27/06--01052--002 **150.00	
City Tallahassee		State FL	Zip Code 32301

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: Boyle Wendle, asst sec Date: 9-25-06

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
P/D	William Tauscher	One Memorial Dr, 10th Floor	Cambridge, MA 02142
V	Richard Anderson	One Memorial Dr, 10th Floor	Cambridge, MA 02142
V/S	Kenneth Clinebell	One Memorial Dr, 10th Floor	Cambridge, MA 02142
V	Peter Bailey	One Memorial Dr, 10th Floor	Cambridge, MA 02142
V	Scott Pickett	One Memorial Dr, 10th Floor	Cambridge, MA 02142

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 119, 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] Date: 9/21/06 Daytime Phone #: 941-554-5000 X1513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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September 21, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Vertical Communications Acquisition Corp.

To Whom It May Concern:

Following please find our completed Corporation Reinstatement form for 2006. I respectfully request that the reinstatement fee be waived as our company relocated its accounting and tax department in March of this year which resulted in the non receipt of various items that were mailed during that transition.

Should you have any questions please contact me at 941-554-5000 Ext 1513.

Sincerely,

A handwritten signature in black ink, appearing to be 'Ken Clinebell'.

Ken Clinebell
SVP/Chief Financial Officer