

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F93000004648

1. Corporation Name

ALTA TELECOM, INCORPORATED

2. Principal Office Address

4830 RIVER GREEN PKWY

Suite, Apt. #, etc.

SITE 100

City & State

DULUTH GA

Zip

30096

Country

USA

3. Mailing Office Address

4830 RIVER GREEN PKWY

Suite, Apt. #, etc.

SITE 100

City & State

DULUTH GA

Zip

30096

Country

USA

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

10/12/1993

5. FEI Number

58-1584297

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

70000572596

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

Laura R. Dunlap

Laura R. Dunlap

Asst. Secretary

Date

6/6/02

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	RON NEWITT	4830 RIVER GREEN PKWY	DULUTH GA 30096
SIT	WILLIAM ZLBBY	4830 RIVER GREEN PKWY	DULUTH GA 30096

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-31-02

Date

Daytime Phone #

CP2E081 (9/01)



PAGE 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 173473 5163320

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 1950.00

ORDER DATE : January 31, 2002

ORDER TIME : 10:59 AM

ORDER NO. : 173473-030

CUSTOMER NO: 5163320

CUSTOMER: Mr. Eric Cutler
Alta Telecom, Inc.
Suite 100
4830 River Green Parkway
Duluth, GA 30096

REINSTATEMENT

NAME: ALTA TELECOM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Mimi Stephens

EXAMINER'S INITIALS _____

RECEIVED
02 JUN -7 PM 12:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA