

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005768

1. Corporation Name

FIBERLINK COMMUNICATIONS CORPORATION

Principal Place of Business

Mailing Address

794 PENLLYN PIKE
STE 100
BLUE-BELL-PA-19422
US

794 PENLLYN PIKE
STE 100
BLUE-BELL-PA-19422
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2753924

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	RUSSELL, PAUL	408 NORRISTOWN ROAD, STE 240 794 Penlllyn Pike, Ste 100	BLUE BELL PA 19422
D	GILFORD, DAVID Bruce H. Luehcs	408 NORRISTOWN ROAD, STE 240 1009 Lenox Drive	BLUE-BELL PA 19422 Lawrenceville, NJ 08648
D	SHEWARD, JAMES	408 NORRISTOWN ROAD, STE 240 794 Penlllyn Pike, Ste 100	BLUE BELL PA 19422
D	CLABBY, MIKE Ed McCrossen	610 FOREST AVE. 13635 Dulles Technology Dr	WILMETTE IL 60091 Herndon, VA. 20171
D	DONAHOWER, CHRIS Gary A. Bawding	41 NASSAU PLACE 1019 Messner Rd.	PRINCETON NJ 08550 Chesler Springs, PA
D	WELER, SCOTT Ross Martinson	1044 HAMLEN AVE 1009 Lenox Drive	REDONDO BEACH CA 90278 Lawrenceville, NJ 08648

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

NRAI Services, Inc.

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

526 E Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Margaret Harris
REGISTERED AGENT MUST SIGN

Date

Nov. 21, 2000

11. 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:

James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2000
Date

215-793-6504
Daytime Phone #

CR2E040 (800)