2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2006
Secretary of State

DOCUMENT# F94000005768

Entity Name: FIBERLINK COMMUNICATIONS CORPORATION

Current Principal Place of Business:

1787 SENTRY PARKWAY WEST
BLDG 18, SUITE 200
BLUE BELL, PA 19422 US

New Principal Place of Business:

Current Mailing Address:

1787 SENTRY PARKWAY WEST
BLDG 18, SUITE 200
BLUE BELL, PA 19422 US

New Mailing Address:

FEI Number: 23-2753924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KARIN ROHRER

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: RUSSELL, PAUL
Address: 1787 SENTRY PARKWAY WEST, BLDG 18
City-St-Zip: BLUE BELL, PA 19422 US

Title: D ( ) Delete
Name: LUEHRS, BRUCE H
Address: 1009 LENOX DRIVE
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: CEO ( ) Delete
Name: SHEWARD, JAMES
Address: 1787 SENTRY PARKWAY WEST, BLDG 18
City-St-Zip: BLUE BELL, PA 19422 US

Title: T ( ) Delete
Name: PARTIN, MARK
Address: 1787 SENTRY PARKWAY WEST, BLDG 18
City-St-Zip: BLUE BELL, PA 19422

Title: D ( ) Delete
Name: MCCROSSEN, ED
Address: 1787 SENTRY PARKWAY WEST, BLDG 18
City-St-Zip: BLUE BELL, PA 19422

Title: S ( ) Delete
Name: POWER, TOM
Address: 1787 SENTRY PARKWAY WEST, BLDG 18
City-St-Zip: BLUE BELL, PA 19422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM POWER S 10/23/2006

Electronic Signature of Signing Officer or Director — Date