PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FLORIDA DEPARTMENT OF STATE Jim Smith FILFO FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 02 OCT 29 AMII: 40 F95000005823 DOCUMENT # SECRETARY OF STATE TALLAMASSEE, FLORIDA 1. Corporation Name RIDGE PLAZA INVESTMENT HOLDINGS, INC. Principal Place of Business Mailing Address 5530 SOUTH VALLEY NEW BLVD 5530 SOUTH VALLEY NEW BLVD SHITE 107-DEPT.A SUITE 107-DEPT-A LAS VEGAS NV 89118 LAS VEGAS NV 89118 remstatement oc 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 9 East Loockerman Straite 12 Date Incorporated or Qualified To Do Business in Florida 9 East-Loockerman Street 11/29/1995 Suite, Apt. #, etc. 5. FEI Number Applied For City & State City 8 13-3860403 Not Applicable 6. Zip \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each and/or Directors City / State / Zip Officer and/or Director MALLIN, NOAH 5530 S VALLEY VIEW, BLVD, STE 10 LAS VEGAS NV-89118 9 Bast Loockerman St. Suite 1B Oover Delaware 19901 MALLIN, JOEL LAS VEGÁS NV 89118 9 East-Loockerman St. Dover Delaware HENNESSEY, ROLAND 5530 S VALLEY VIEW, BLVD. STE 10 LAS VEGAS NV 89178 9 Fast Loockerman St. Sui 618 Dover. 19901 MASUD, DALI 5530 S VALLEY VIEW: BLVD. STE 10. <u>ackerman</u>St., Suite 1B 1990 l POSTIGLIONE, WILLIAM J 5530 S VALLEY VIEW, BLVD, STE 10 9 East Loockerman St. Suite B A. Sullivan Vanice 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not 526 E. PARK AVENUE TALL. FL 32301 Suite, Apt. #, Etc. City Zip Code State 10. I, being appointed the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 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:

Title(s)

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SIGNATUR ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0-25-07 *2*03*-3*59-0722

Daytime Phone #

USTR Fiber Development Inc. UBI # 602-163-585

Director: Noah Mallin 9 East Loockerman St., Suite 1B Dover, Delaware 19901

Vice President: Charles E. Matthews 9 East Loockerman St., Suite 1B Dover, Delaware 19901

Assistant Treasurer: William J. Postiglione 9 East Loockerman St., Suite 1B Dover, Delaware 19901

Assistant Secretary: Kenneth S. Greenberg 9 East Loockerman St., Suite 1B Dover, Delaware 19901

Assistant Secretary: Janice A. Sullivan 9 East Loockerman St., Suite 1B Dover, Delaware 19901

Assistant Secretary: Alesandra Hanak 9 East Loockerman St., Suite 1B Dover, Delaware 19901

Assistant Secretary: Susan Clark 9 East Loockerman St., Suite 1B Dover, Delaware 19901