

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 NOV -2 PM 4: 08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000002631

1. Corporation Name PageNet, Inc.

2. Principal Office Address
 14911 Quorum Drive

3. Mailing Office Address
 14911 Quorum Drive

Suite, Apt. #, etc.
 600

Suite, Apt. #, etc.
 600

City & State
 Dallas, TX

City & State
 Dallas, TX

Zip 75240 Country US

Zip 75240 Country US

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida May 16, 1997 **SP**

5. FEI Number 621560954 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED See 7/5 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation

State FL Zip Code 33324

200003454482-3
~~11/07/00 01018-014~~
 *****758.75 *****758.75

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 Connie Bryan
CONNIE BRYAN
 SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date 11/2/2000

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
President	Ted Mullinix	14911 Quorum Drive	Dallas, TX 75240
VP	Julian Castelli	14911 Quorum Drive	Dallas, TX 75240
Asst Sect'y	Andreas Bremer	14911 Quorum Drive	Dallas, TX 75240

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00 972-801-8000

Date Daytime Phone #