PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE , Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000002251

1. Corporation Name

VIATEL SERVICES, INC.

Principal Place of Business

Mailing Address

95 ROUTE 17 SOUTH

95 ROUTE 17 SOUTH



FILED

00 OCT 27 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PARAMUS NY 07652 PARAMUS NY 07652 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 685 04/20/1998 Suite, Apt. #, etc. 5. FEI Number Applied For 13-3993205 City & State Not Applicable 6. \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status <u>us</u>A 1001 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors 95 ROUTE 17 SOUTH PARAMUS NY 07652 CEOD attached please PCOO. 95 ROUTE 17 SOUTH Paramus NY-07662-PARAMUS NY 07052 95 ROUTE 17 SOUTH SVCF Ctorin, Phillip 95 ROUTE 17 SOUTH ARAMUS NY 07832 ΙD STORIN, PHILLIP PARAMUS NY 07652 SVS SHORTEN RICHARD 95 ROUTE-17 SOUTH ΔS 95 ROUTE 17 SOUTH PARAMUS NY 07652 Crudele, John 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 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

Georgia Byron REI

Date October 26, 2000

RESISTERED AGENT MUST SIGNAuthorized Representative

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 filling Treating that I am an officer of director of the receiver of trustee empowered to execute this 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 AND TYPED OR PRINTED

James P. Prenetta

VIATEL SERVICES, INC. OFFICERS AND DIRECTORS

1. Full Name:

Michael J. Mahoney

Title(s):

Director, CEO

Business Address:

685 Third Avenue, 24th Floor

New York, NY 10017

2. Full Name:

Allan L. Shaw

Title(s):

Director, Treasurer

Business Address:

685 Third Avenue, 24th Floor

New York, NY 10017

3. Full Name:

Sheldon M. Goldman

Title(s):

Director, Vice President

Business Address:

685 Third Avenue, 24th Floor

New York, NY 10017

4. Full Name:

William Murphy

Title(s):

President

Business Address:

685 Third Avenue, 24th Floor

New York, NY 10017

5. Full Name:

Ellen S. Rudin

Title(s):

Vice President

Business Address:

685 Third Avenue, 24th Floor

New York, NY 10017

6. Full Name:

James P. Prenetta

Title(s):

Vice President & Secretary

Business Address:

685 Third Avenue, 24th Floor

New York, NY 10017

7. Full Name:

Mindy Ginsburg

Title(s):

Assistant Secretary

Business Address:

2000 Pennsylvania Avenue, Suite 500

Washington D.C. 20006

8. Full Name:

Marc A. Ellenbogen

Title(s):

Assistant Secretary

Business Address:

685 Third Avenue, 24th Floor

New York, NY 10017



ACCOUNT NO. : 072100000032

REFERENCE: 875738 5013167

AUTHORIZATION:

ORDER DATE: October 25, 2000

ORDER TIME: 12:19 PM

ORDER NO. : 875738-005

CUSTOMER NO: 5013167

CUSTOMER: Ms. Natasha Nedd

VIATEL, INC. VIATEL, INC. 685 Third Avenue

24th Floor

New York, NY 10017

DOMESTIC FILING

NAME:

VIATEL SERVICES, INC.

EFFECTIVE DATE:

XX __ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

