

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 19 AM 10:40

DOCUMENT # **F98000002852**

1. Corporation Name  
**MGI COMMUNICATIONS, INC.**

Principal Place of Business 328 COMMONWEALTH AVE. BOSTON MA 02115	Mailing Address 328 COMMONWEALTH AVE. BOSTON MA 02115
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REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		04-3251217	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CRONIN, GARY	40182 US HIGHWAY 19 NORTH	TARPON SPRINGS FL 34680
SD	CRONIN, KELLY	40182 US HIGHWAY 19 NORTH	TARPON SPRINGS FL 34680
			200003031082--3 -11701799--01114--002 ****750.00 ****750.00
			<i>JH 10/26</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 528 E. PARK AVE. TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL 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: *Tina Ieland* **REQUIRED** Date: Oct 13, 1999  
 Tina Ieland, Asst. Sec. for REGISTERED AGENT MUST SIGN NRAI Services, Inc.

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: *[Signature]* **REQUIRED** Date: 10/12/99 Daytime Phone #: 617-578-0874  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2500 (9/98)