

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # F98000005766

1. Corporation Name

PSINET CONSULTING SOLUTIONS GLOBAL GROUP, INC.

Principal Place of Business

Mailing Address

4400 POST OAK PARKWAY, STE 1100
HOUSTON TX 77027

4400 POST OAK PARKWAY, STE 1100
HOUSTON TX 77027

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.		10/15/1998	
City & State		City & State		5. FEI Number	
Zip		Country		95-3734685	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P P/C&O	CAPPELLINO, RUSS	125 PACIFICA, STE 220	IRVINE CA
CFO V/CFO	SINGHAL, ASHOK	125 PACIFICA, STE 220	IRVINE CA
EXP S/D	JOHNSON, KENNETH R KORNE, KATHLEEN B.	4400 POST OAK PKWY STE 1100 44983 Knoll Square	HOUSTON TX ASHBURN, VA 20147-4058
CD D	WILLIS, MICHAEL T SCHRADER, WILLIAM L.	4400 POST OAK PKWY STE 1100 44983 Knoll Square	HOUSTON TX ASHBURN, VA 20147-4058
VSD AS	DAMERIS, PETER T SIBLEY, BETH	4400 POST OAK PKWY STE 1100 4400 Post Oak Parkway, Suite 1100	HOUSTON TX HOUSTON, TX 77027
VAS	PIERCE, EDWARD L	4400 POST OAK PKWY STE 1100	HOUSTON TX 77027

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	

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: *Victor Alfano* VICTOR ALFANO, ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date: 12/11/00

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: *Beth Sibley* BETH SIBLEY, ASSISTANT SECRETARY

10-23-00 Date

713-548-3466 Daytime Phone #

KE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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