** TOTAL PAGE.02 **

APR-04-2002 THU 04:30 PM INTERCNTY CLRNCE ALBANY FAX NO. 15184341521 P. 02

FILED
02 MAY -1 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # F98000006092

1. Corporation Name
ORION TELECOMMUNICATIONS CORP OF NEW YORK

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
42-40 Bell Blvd	42-40 Bell Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bayside, NY	City & State: Bayside, NY
Zip: 11361 Country: USA	Zip: 11361 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: NOV 2, 1998

5. FEI Number: 06-1507207 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue
Suite, Apt. #, Etc.:
City: Tallahassee, Florida 32301 State: FL Zip Code: 32301

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****900.00 ****900.00

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. INT 656

Signature of Registered Agent BY: Ed Hand - Asst. Sec.
REGISTERED AGENT MUST SIGN

Date: 5/1/02

CR2E080 (6/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director c/o	Peter P. Sicilian, Jr.	c/o Orion Telecommunications Corp.	42-40 Bell Blvd, Bayside NY 11361
Director	John J. Sicilian	c/o Orion Telecommunications Corp	42-40 Bell Blvd, Bayside NY
c/o	Robert Stewart	c/o Orion Telecommunication Corp	42-40 Bell Blvd, Bayside NY
Secretary	James Sutton	c/o Orion Telecommunications Corp.	42-40 Bell Blvd, Bayside NY

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)(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: Robert Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02
Date

718-631-5600
Daytime Phone #