

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION STATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 MAY 23 PM 4:51		
1. Corporat	JMENT # F99000000863 tion Name TECHNOLOGY, INC.		TALLAHASSEE, FLORIDA		
		W05-25882	MINSTATEMENT 02-05		
1340 Suite, Apt. # 2100 City & State)	3. Mailing Office Address 1340 Post Oak Blvd. Suite, Apt. #, etc. 2100 City & State HDUSTON TV	4. Date Incorporated or Qualified To Do Business in Florida 02/15/1999 5. FEI Number Applied For		
Zip 170	Country	7054 Country USA	6. CERTIFICATE OF STATUS DESIRED Status 88.75 Additional Fee required for a Certificate of Status		
	Name Corporation Service Street Address (P.O. Box Number is N 1201 Hays Street Suite, Apt. #, Etc.		700055155007		
8. I, being	(1) (1) (1)	ove named corporation, am familiar with and accept the			
Signature of Registered Agent Asst. Vice President REGISTERED AGENT MUST SIGN Date 5-23-05					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Eac Officer and/or Direct			
Pres.	Maxwell D. Hill	1360 Post Oak Blv	rd., Ste. 2100 Houston, TX 77056		
VP/AS	Dana A. bordon	1360Post Oak Blue	d., St. 2100 Houston, TX 77056		
AS	Vincent A. Merci	chi Buo Post Oak Blv	rd., St. 2100 Houston, TX 77056		
Treas.	Nicholas M. Brinds	Staff 1360 Post Oak Blvd.	., Ste. 2100 Houston, TX 77056		
Dir.	James H. Haddo	X 1340 PostOak Blv	d., Ste. 2100 Houston, TX 17056		
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



ACCOUNT NO. : 072100000032

386274

REFERENCE

COST LIMIT : \$ 1200.00

ORDER DATE: May 23, 2005

ORDER TIME : 2:48 PM

ORDER NO. : 386274-020

CUSTOMER NO: 7157369

CUSTOMER: Ms Monique Buentello

Quanta Services, Inc.

Suite 2100

1360 Post Oak Blvd Houston, TX 77056

**************FILE	: 1ST**************
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NAME: FIBER TECHNOLOGY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS