

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 26 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003849

1. Corporation Name

OpenTel Communications, Inc.

2. Principal Office Address

185 Berry Street

3. Mailing Office Address

185 Berry Street

Suite, Apt. #, etc.

Suite 4500

Suite, Apt. #, etc.

Suite 4500

City & State

San Francisco, CA

City & State

San Francisco, CA

Zip

94107

Country

U.S.A.

Zip

94107

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

July 22, 1999

5. FEI Number

77-0449148

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

State

FL

Zip Code

32301

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.

Signature of
Registered Agent

Zulma M. Howarth, Asst. Secy

REGISTERED AGENT MUST SIGN

Date 7/13/2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>General Manager</u>	<u>Jim Jin</u>	<u>185 Berry Street</u>	<u>San Francisco, CA . 94107</u>
<u>COO</u>	<u>Ingrid Wang</u>	<u>185 Berry Street</u>	<u>San Francisco, CA , 94107</u>
<u>CEO</u>	<u>David Ynan</u>	<u>185 Berry Street</u>	<u>San Francisco, CA . 94107</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/01 415-896-5198