

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 OCT 24 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004972

1. Corporation Name

ARC LONG DISTANCE, INC.

Principal Place of Business

1700 PACIFIC AVENUE, #400
DALLAS TX 75201

Mailing Address

1700 PACIFIC AVENUE, #400
DALLAS TX 75201

send to Agent



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

1201 HAYS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE FL

Zip

Country

Zip

Country

32301-2525

4. Date Incorporated or Qualified To Do Business in Florida

09/27/1999

5. FEI Number

75-2818780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
1	2	3	4
PD	CARPER, MICHAEL R	1700 PACIFIC AVENUE, #400	DALLAS TX 75201
VD	DOSHIER, TODD C	1700 PACIFIC AVENUE, #400	DALLAS TX 75201
VTD	YEARGAIN, CHARLES	1700 PACIFIC AVENUE, #400	DALLAS TX 75201
S	ZULAGER, RIED	1700 PACIFIC AVENUE, #400	DALLAS TX 75201

200003438012--9

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name

REINSTATEMENT

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

[Signature] **NOT REQUIRED**

Ed Burke

Date

10/23/00

REGISTERED AGENT MUST SIGN **AUTHORIZED REPRESENTATIVE**

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] **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

Date

214 210 3000

Daytime Phone #

CR2E040 (9/00)

Page 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 872666 7183537

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : October 23, 2000

ORDER TIME : 1:29 PM

ORDER NO. : 872666-005

CUSTOMER NO: 7183537

CUSTOMER: Mr. Ried R. Zulager
ALLIED RISER COMMUNICATIONS
ALLIED RISER COMMUNICATIONS
Suite 400
1700 Pacific Avenue
Dallas, TX 75201

Patricia Pizito

DOMESTIC FILING

NAME: ARC LONG DISTANCE, INC.

EFFECTIVE DATE:

XX REINSTATEMENT
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

RECEIVED
00 OCT 24 PM 2:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA