

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

M02000000526

FILED
 FEB-3 AM 9:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M02000000526

1. Limited Liability Company's Name

MCI PAYROLL SERVICES LLC
 22001 LOUDOUN COUNTY PARKWAY
 TAX DEPT C2-3 512 DOROTHY SLYE
 ASHBURN, VA 20147

2. Principal Office Address

22001 LOUDOUN COUNTY PARKWAY

Suite, Apt. #, etc.

C2-3 512

City & State

ASHBURN, VA

Zip

20147

Country

USA

3. Mailing Office Address

22001 LOUDOUN COUNTY PARKWAY

Suite, Apt. #, etc.

C2-3 512

City & State

ASHBURN, VA

Zip

20147

Country

USA

000037670010
 06/04/04 01057 002 \$100.00

4. State/Country of Formation

DELAWARE/USA

**5. Date Organized or Qualified
 To Do Business in Florida**

2/27/2002

6. FEI Number

52-2298157

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
 for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
 Registered Agent

Patricia Farrell - Authorized Representative
 REGISTERED AGENT MUST SIGN

Date

2-1-05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	MCI WORLDCOM NETWORK SERVICES IN	22001 LOUDOUN COUNTY PARKWAY	ASHBURN, VA 20147
MCM			
			000046291430 02/10/05--01009--003 **105.00
			000046291430 02/10/05--01009--004 **50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
 Managing Member/Manager

Dr. Douglas A. Richards

Date

1/31/05

Daytime Phone # 703 886-4970

Typed or printed name of signing Managing Member/Manager DOUGLAS A. RICHARDS, VP FOR MEMBER MCI WORLDCOM COMMUNICATIONS, INC

CR2E041 (10/02)