

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC -7 AM 9:47

DOCUMENT # M02000001284

## 1. Limited Liability Company's Name

AGL Networks, LLC

## 2. Principal Office Address

Ten Peachtree Place

Suite, Apt. #, etc.

City &amp; State

Atlanta, Georgia

Zip

30309

Country

Fulton

## 3. Mailing Office Address

Ten Peachtree Place

Suite, Apt. #, etc.

Location 1466

City &amp; State

Atlanta, Georgia

Zip

30309

Country

Fulton

CR2E041 (8/05)

## 4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

5/21/02

## 6. FEI Number

58-2567531

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

200060965542

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

1201 HAYS STREET

10/27/05-01035-001 #255 00

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

## 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

REGISTERED AGENT MUST SIGN

Date

## 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
	*See Exhibit A attached hereto*		

REINSTATEMENT 03-05

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

Date 10-20-05

Daytime Phone # 404-584-3580

Typed or printed name of signing Managing Member/Manager Andrew W. Evans

**Limited Liability Company Reinstatement  
Florida Department of State  
AGL Networks, LLC  
Exhibit A**

10. Names and Street Addresses of Managing Members/Members (Executive Committee Members)

<b>Title</b>	<b>Name</b>	<b>Street Address</b>	<b>City/State/Zip</b>
President	Andrew W. Evans	Ten Peachtree Place	Atlanta, GA 30309
EVP and COO	Richard Fehl	Ten Peachtree Place	Atlanta, GA 30309
EVP and General Counsel	Paul R. Shlanta	Ten Peachtree Place	Atlanta, GA 30309
EVP, Business Support	Robert M. Flavin	Ten Peachtree Place	Atlanta, GA 30309
VP and Treasurer	Brett A. Stovern	Ten Peachtree Place	Atlanta, GA 30309
VP	Jeffrey P. Brown	Ten Peachtree Place	Atlanta, GA 30309
VP, Wholesale Markets	James Gillis	Ten Peachtree Place	Atlanta, GA 30309
Corporate Secretary	Myra Coleman	Ten Peachtree Place	Atlanta, GA 30309
Asst Corporate Secretary	Pamela J. Anthony	Ten Peachtree Place	Atlanta, GA 30309

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC -7 AM 9:47