


M98000000720

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98000000720			
1. Limited Liability Company's Name MCIMETRO ACCESS TRANSMISSION 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	
4. State/Country of Formation DELAWARE/USA		5. Date Organized or Qualified To Do Business in Florida 7/6/1998	
6. FEI Number 52-2102063		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

FILED
05 FEB - 1 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 <i>Carla Loni</i>	Asst. Vice President Date 2-1-05
REGISTERED AGENT MUST SIGN	

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 INC	22001 LOUDOUN COUNTY PARKWAY	ASHBURN, VA 20147

REINSTATEMENT 2-604-2005

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 <i>Douglas A. Richards</i>	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 NETWORK SERVICES INC	

CR20041 (10/02)



CORPORATION SERVICE COMPANY

M 98000000720

ACCOUNT NO. : 072100000032

REFERENCE : 176439 7381220

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 205.00

ORDER DATE : January 31, 2005

ORDER TIME : 11:30 AM

ORDER NO. : 176439-005

CUSTOMER NO: 7381220

CUSTOMER: Dorothy Slye-c2-3-512
Mci, Inc.
22001 Loudoun County Parkway
Ashburn, VA 20147

FILED
05 FEB - 1 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: MCIMETRO ACCESS TRANSMISSION
SERVICES LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2005 FEB - 1 PM 12:41
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956
EXAMINER'S INITIALS _____