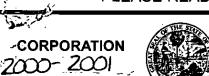
SECRETARY OF STATE TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Florida Competitive Carriers Association, Inc.

2. Principal Office Address 117 S. Gadsden Street 1.1 S. Gadsden Street Tallahassee, Florida Tallahassee, Florida Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Tallahassee, Florida Tallahassee, Florida Zip Zip Country Country

4. Date Incorporated or Qualified To Do Business in Florida

01/13/1988

5. FEI Number

650049123

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

32301 32301 Leon 7. Name and Address of Current Registered Agent Donna@CanzanoMcNulty **400004065484** -04/25/01 --01007--Street Address (P.O. Box Number is Not Acceptable) 325 John Knox Road, The Atrium ****122.50 ****1 Suite, Apt. #, Etc. Suite 105 City State Zip Code 32303 Tallahassee

Leon

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.

Registered Agent

Causano McKulty

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
PTD	Brian K. Sulmonetti	Concourse Corp Center Six Sdx Concourse Parkway, #3200	OAtlanta, GA 30328
S	Joseph P. Gillan	117 S. Gadsden Street	Tallahassee, Florida 32301
D	Rhonda Merritt	101 N. Monroe Street, Suite	700 Tallahassee, FL 32301
VD.	Steve Brown	10 Glen Parkway, Suite 650	Atlanta, Georgia 30328

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

BRILANE KID TENLMONETED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01