

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

01 SEP 27 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20921**

1. Corporation Name

USLD COMMUNICATIONS, INC.

2. Principal Office Address
555 17TH Street

3. Mailing Office Address
6300 S Syracuse Way

Suite, Apt. #, etc.
1100

Suite, Apt. #, etc.
700N

City & State
Denver, Colorado

City & State
Englewood, Colorado

Zip Country
80202 US

Zip Country
80111 US

4. Date Incorporated or Qualified
To Do Business in Florida SEPT. 15, 1988

5. FEI Number
74-2430984

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

9-26-01

9. 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
P	Afshin Mohebbi	1801 California	Denver, Colorado 80202
EVP	Robin R. Szeliga	1801 California	Denver, Colorado 80202
EVP & S	Drake S. Tempest	1801 California	Denver, Colorado 80202
AS	Yash A. Rana	1801 California	Denver, Colorado 80202
T	Scott Berman	1801 California	Denver, Colorado 80202
AT	Kelly S. Carter	555 17th Street	Denver, Colorado 80202

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly S. Carter

Sept 25, 2001

303-992-1400

Date

Daytime Phone #