

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

02 OCT 22 PM 12:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P34294

1. Corporation Name
 Mail.com Business Messaging Services, Inc.

2. Principal Office Address 399 Thornall Street		3. Mailing Office Address 399 Thornall Street	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State Edison, NJ		City & State Edison, NJ	
Zip 08837	Country USA	Zip 08837	Country USA

600008840276
 11/06/02--01126--024 **900.00

4. Date Incorporated or Qualified To Do Business in Florida 06/13/1991

5. FEI Number 11-3025769

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 S. Pine Island Road

Suite, Apt. #, Etc.

City
 Plantation

State
 FL

Zip Code
 33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, VS.

Signature of Registered Agent *Patrick A. Nolan* **Patrick A. Nolan**
 REGISTERED AGENT MUST SIGN **Assistant Secretary**

Date 10/21/02

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
S/D	Gorman, Gerald	399 Thornall Street	Edison, NJ 08837
CEO/P	Murawski, Thomas	399 Thornall Street	Edison, NJ 08837
T/V	McClister, Debra	399 Thornall Street	Edison, NJ 08837
S/V	Ambrosia, David W.	399 Thornall Street	Edison, NJ 08837
V	Macaluso, Peter	399 Thornall Street	Edison, NJ 08837

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 61 T, 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: *David Ambrosia* **Executive Vice President and General Counsel**

Date 10/14/2002 Daytime Phone # 732-516-2789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR