

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 11 JUN - 1 AM 4:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P34294

1. Corporation Name

Easylink Services USA, Inc.

2. Principal Office Address - No P.O. Box #

6025 The Corners Parkway

3. Mailing Office Address

6025 The Corners Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Norcross, GA

City & State

Norcross, GA

Zip

30092

Country

USA

Zip

30092

Country

06-11

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 11/29/1989

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 Street

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

200208295682
06/02/11--01001--009 **750.00

200208295682
06/01/11--01001--013 **750.00

SAT

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

Dale W. Morris

DALE W MORRIS
ASSISTANT VICE PRESIDENT

Date 5/13/11

REGISTERED AGENT MUST SIGN

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
Pres	Thomas J. Stallings	6025 The Corners Pkwy	Norcross, GA 30092
CFO	Glen E. Shipley	6025 The Corners Pkwy	Norcross, GA 30092

REINSTATEMENT

2006-11

[Handwritten Signature]

10. E-mail Address: ratcheson@easylink.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F S

SIGNATURE:

Glen Shipley CFO

3/14/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #