

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 234294

1. Corporation Name

Easylink Services USA, Inc.

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

6025 The Corners Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

6025 The Corners Parkway

Suite, Apt. #, etc.

City & State

Norcross, GA

City & State

Norcross, GA

Zip

30092

Country

USA

Zip

30092

Country

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

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 |
| | | | |
| | | | |
| | | | |

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/11

Daytime Phone #

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

06-11

CR2E081 (11/10)

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06/02/11--01001--003 **750.00
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06/01/11--01001--013 **750.00
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REINSTATEMENT

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