CORPORATION	ž
REINSTATEMEN'	ŗ



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000077590

FILED 00 SEP 12 PM 3: 57

SECRETARY OF STATE
TALLAHASSEF FLORIDA

1. Corporation Name UCI Teleport, Inc.				ACCHIAGGE FEORIDA				
2. Principal Office Address 300 Crescent Court Suite, Apt. #, etc. Suite 800			3. Mailing Office Address  Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 09/08/1997			
City & State Dallas, Texas		City & State	City & State		5. FEI Number 88-0386727			
Zip <b>7520</b>	Country  1	Zip	Country	6. CERTIFICA	ATE OF STATUS DE	S8.75 Ad for a C	ditional Fee required ertificate of Status	
		<b>7.</b> N	ame and Address of Current F	Registered Agent				
	Street Address (P.O. Box Numb	prate Servic er is Not Acceptable) Dadeland Bou		7	***	340526 26/000110 1050.00 ** <sup>ip Code</sup> 33156		
8. I, being Signature o Registered MICH	Agent	ne above Tarned corpo REGIST RED AG	In Ins.	pt the obligations of se	ction 607,0505 or	1617.0503, F.S.		
9. Names	and Street Addresses of Each Office	cer and/or Director (Flo	rida nonprofit corporations must	list at least 3 directors)			<u></u>	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
P	Barrett Wissman	<u> </u>	_300_Crescent_Co	ourt, #800	Dallas	, TX 75201	<del></del>	
S/D	Stuart Chasanoff	-	300 Crescent Co	ourt, #800	Dallas	, TX 75201		
Т	Thomas P. McMill:	in	300 Crescent Co	ourt, #800	Dallas	, TX 75201		
			and the second second				KE	
ين بيملم					L 007 041		Alexandra - Eliza	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Chasanoff; Secretary

Date

21 60 . Daytime Phone # CR2E081 (9/99)