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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E061 (12/07)

DOCUMENT # S88205

1. Corporation Name

UNITI, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11005 MALAYSIA CIRCLE		11005 MALAYSIA CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
BOYNTON BEACH, FL		BOYNTON BEACH, FL	
Zip	Country	Zip	Country
33437	USA	33437	USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/22/1991

5. FEI Number: 52-1965555 ☐ 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	State	Zip Code
Plantation	FL	33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Anusha Pinty Vice President and Assistant Secretary — Date: 11/10/08

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
P/D	RICHARD A. SPIGLER	11005 MALAYSIA CIRCLE	BOYNTON BEACH, FL 33437
VP/D S/T	JOANN E. DANA	1531 34TH STREET, NW	WASHINGTON, DC 20007
	REINSTATEMENT RH		

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 name in the articles of 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 contained in Chapter 119, F.S. The information indicated on this application is true and complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] RICHARD A. SPIGLER, PRESIDENT — 11/7/2008 — 202.232.5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

UNITI, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,358.75

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