

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND

02 APR 19 AM 11:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
 COMPANY  
 REINSTATEMENT  
 2001-2002



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

REINSTATEMENT 2001-2002

DOCUMENT # L00000008633

1. Limited Liability Company's Name

NAP OF THE AMERICAS LLC

2. Principal Office Address

1221 Brickell Avenue

Suite, Apt. #, etc.

21st Floor

3. Mailing Office Address

1221 Brickell Avenue

Suite, Apt. #, etc.

21st Floor

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida July 21, 2000

6. FEI Number

59-3747566

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

Zip

33131

Country

USA

Zip

33131

Country

USA

8. Name and Address of Current Registered Agent

Name

CT Corporation System

000005361860 --9

-04/29/02--01019-004

\*\*\*\*\*50.00 \*\*\*\*\*50.00

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

000005361860 --9

-04/29/02--01019-005

\*\*\*\*\*50.00 \*\*\*\*\*50.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

PIERRE SOUTHERN  
 ASSISTANT SECRETARY

Date

12/18/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	EPIK NAP, INC.	3501 Quadrangle Blvd Ste 225	Orlando, FL 32817
MGRM	Global Crossing Bandwidth, Inc.	131-135 E. Ortega Street	Santa Barbara, CA 93101
MGRM	GlobalXchange Communications Inc.	8675 NW 53rd Street, Suite 112	Miami, FL 33166
MGRM	FPL Fibernet, LLC	9250 Flagler Street	Miami, FL 33174

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

On Behalf of EPIK NAP, INC.

Date

12/19/01

Daytime Phone #

407-622-1559

Typed or printed name of signing Managing Member/Manager

Benjamin Finzi, President, EPIK NAP, INC.

CR2041 (9/00)