


H03000327969 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G35222 1. Corporation Name <p style="text-align: center;">I-Link Incorporated</p>			
2. Principal Office Address 9775 Business Park Avenue		3. Mailing Office Address 9775 Business Park Avenue	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State San Diego, CA		City & State San Diego, CA	
Zip 92737	Country USA	Zip 92737	Country USA
4. Date incorporated or Qualified To Do Business in Florida 4/21/83		5. FEI Number 592291344	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	

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REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name: **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable): **1201 Hay Street**

Suits, Apt. #, Etc.

City: **Tallahassee** State: **FL** Zip Code: **32301**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0509, F.S.

Signature of Registered Agent: *[Signature]* **Erin Courtney**
Asst. V. Pres.

REGISTRED AGENT MUST SIGN Date: **12/2/03**

9. Name 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
d,o	ALLAN C. SILBER	c/o I-Link Incorporated <i>9775 Business Park Ave</i>	San Diego, CA 92737
d,o	STEPHEN A. WEINTRAUB	c/o I-Link Incorporated <i>Same as above</i>	San Diego, CA 92737
d	HAL B. HEATON	c/o I-Link Incorporated <i>Same as above</i>	San Diego, CA 92737
d,o	SAMUEL L. SHIMER	c/o I-Link Incorporated <i>Same as above</i>	San Diego, CA 92737
d	HENRY Y.-L. TOH	c/o I-Link Incorporated <i>Same as above</i>	San Diego, CA 92737
o	GARY M. CLIFFORD	c/o I-Link Incorporated <i>Same as above</i>	San Diego, CA 92737

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)(D), 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]* **(STEPHEN WEINTRAUB)** Date: **12/02/03** (416) 866-3058
 SIGNATURE AND TYPED/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Account Number : I20000000195
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File 1st

CORPORATION REINSTATEMENT

I-LINK INCORPORATED

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