

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 JUL 26 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000002052

1. Limited Liability Company's Name

T3 Unison Site Management LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
92 Thomas Johnson Drive
Suite, Apt. #, etc.
130
City & State
Frederick, MD
Zip
21702
Country
US

3. Mailing Office Address
92 Thomas Johnson Drive
Suite, Apt. #, etc.
130
City & State
Frederick, MD
Zip
21702
Country
US

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 4/30/2008

6. FEI Number
None
☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Numbers in that State/Province)

155 Office Plaza Drive

Suite, Apt. #, Etc.

City
Tallahassee

State
FL
Zip Code
32301

E-mail Address:

mshearer@gtpsites.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent Karlun Balled, Asst Sec. Date 7-24-12
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	GTP Cellular Sites, LLC	C/o Shawn Ruben, 760 Park of Commerce Blvd., Ste. 300	Boca Raton, FL 33487
			700237848317 07/26/12--01002--002 **585.00
			700237848317 07/27/12--01003--002 **70.00

REINSTATEMENT

09-12

cr 7-27-12

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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. I am aware that false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 7/23/2012 Daytime Phone #

Typed or printed name of signing Managing Member/Manager SHAWN RUBEN, SECRETARY OF GTP CELLULAR SITES, LLC - SOLE MEMBER



FILED

2012 JUL 26 AM 9:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 26, 2012

CORPDIRECT AGENTS, INC.
RICKY SOTO
TALLAHASSEE, FL

SUBJECT: T3 UNISON SITE MANAGEMENT LLC
Ref. Number: M08000002052

RECEIVED
12 JUL 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for T3 UNISON SITE MANAGEMENT LLC and your check(s) totaling \$585.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$655.00.

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 412A00019668

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED

FILING COVER SHEET
ACCT. #FCA-14

2012 JUL 26 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: RICKY SOTO

DATE: 07/25/2012

REF. #: 000638.170191

CORP. NAME: T3 UNISON MANAGEMENT LLC

FILE FIRST

<input type="checkbox"/> ARTICLES OF INCORPORATION	<input type="checkbox"/> ARTICLES OF AMENDMENT	<input type="checkbox"/> ARTICLES OF DISSOLUTION
<input type="checkbox"/> ANNUAL REPORT	<input type="checkbox"/> TRADEMARK/SERVICE MARK	<input type="checkbox"/> FICTITIOUS NAME
<input type="checkbox"/> FOREIGN QUALIFICATION	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY
<input checked="" type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> MERGER	<input type="checkbox"/> WITHDRAWAL
<input type="checkbox"/> CERTIFICATE OF CANCELLATION		
<input type="checkbox"/> OTHER:		

STATE FEES PREPAID WITH CHECK# 100235 FOR \$ 585.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

<input checked="" type="checkbox"/> CERTIFIED COPY	<input type="checkbox"/> CERTIFICATE OF GOOD STANDING	<input type="checkbox"/> PLAIN STAMPED COPY
<input type="checkbox"/> CERTIFICATE OF STATUS		

Examiner's Initials