

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

12 JUL 26 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M08000002198

1. Limited Liability Company's Name

**T4 Unison Site Management LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <b>92 Thomas Johnson Drive</b> Suite, Apt. #, etc. <b>130</b> City & State <b>Frederick, MD</b> Zip Country <b>21702 US</b>		3. Mailing Office Address <b>92 Thomas Johnson Drive</b> Suite, Apt. #, etc. <b>130</b> City & State <b>Frederick, MD</b> Zip Country <b>21702 US</b>		4. State/Country of Formation <b>Delaware</b>
5. Date Organized or Qualified To Do Business in Florida <b>5/09/2008</b>				
6. FEI Number <b>None</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable				
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status				

8. Name and Address of Current Registered Agent Name <b>National Corporate Research, Ltd., Inc.</b> (If different from the above, please list the name of the agent) <b>155 Office Plaza Drive</b> Suite, Apt. #, Etc. City State Zip Code <b>Tallahassee FL 32301</b>		E-mail Address:  <b>mshearer@gtpsites.com</b> (To be used for future annual report notices)
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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 Kathleen Ballard, Ass. Sec. Date 7-24-12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GTP Cellular Sites, LLC	C/o Shawn Ruben, 750 Park of Commerce Blvd., Ste. 300	Boca Raton, FL 33487

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 608.408, 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 a 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 [Signature] 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**

N. Oumgan JUL 27 2012

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

**M08000002198**

**FILING COVER SHEET  
ACCT. #FCA-14**

**CONTACT:** RICKY SOTO

**DATE:** 07/25/2012

**REF. #:** 000638.170191

**CORP. NAME:** T4 UNISON MANAGEMENT, LLC

**FILE FIRST**

- |   |   |  |
|---|---|--|
| <input checked="" 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:                               |   |  |

**FILED**  
**12 JUL 26 AM 9:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**STATE FEES PREPAID WITH CHECK#** 100236 **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

**FILED**  
**12 JUL 27 2012**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2012

T4 UNISON SITE MANAGEMENT LLC  
CORPDIRECT AGENTS, INC.

SUBJECT: T4 UNISON SITE MANAGEMENT LLC  
Ref. Number: M08000002198

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

We have received your document for T4 UNISON SITE MANAGEMENT LLC and check(s) totaling \$585.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$655.00.

There is a balance due of \$70.00.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 612A00019674