

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**

DIVISION OF CORPORATIONS

DOCUMENT # **A94000001520**

1. Name of Limited Partnership

Omnitoner, Ltd.

2. Principal Office Address

116 Huntington Ave.

Suite, Apt. #, etc.

11th fl

City & State

Boston, MA

Zip

02116

Country

U.S.

3. Mailing Office Address

116 Huntington Ave.

Suite, Apt. #, etc.

11th fl.

City & State

Boston, MA

Zip

02116

Country

U.S.

8. Name and Address of Current Registered Agent

Name **Corporation Service Company**

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

1201 Hays Street

Suite, Apt. #, Etc.

City **Tallahassee**

State **FL**

Zip Code **32301-2205**

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) **Deborah D. Skipper**

Deborah D. Skipper DATE **11-7-01**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

South Atlantic Toner Corporation

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

116 Huntington Avenue

City, State and Zip Code

Boston MA 02116

10a. Registration Document Number

F95000004438

03/8

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500004671335--S

REINSTATEMENT 2001

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **W. Robert Kellegrew, Jr.**

DATE **Nov. 1, 01**

Typed or Printed Name of General Partner Signing Form

W. Robert Kellegrew, Jr.

Telephone Number

(917) 375-7529

FILED
01 NOV -7 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CP2E039 (9/01)



A94000001520

ACCOUNT NO. : 072100000032

REFERENCE : 340233-4389224

AUTHORIZATION :

COST LIMIT : \$ 1026.25

FILED
01 NOV -7 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 6, 2001

ORDER TIME : 12:50 PM

ORDER NO. : 340233-005

CUSTOMER NO: 4389224

CUSTOMER: Ms. Kathleen A. Quinn
American Tower Corporation
116 Huntington Avenue
11th Floor
Boston, MA 02116

RECEIVED
01 NOV -7 PM 2:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: OMNITOWER, LTD.

XX REINSTATEMENT

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea X1114
EXAMINER'S INITIALS _____