

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF REVENUE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -7 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **B96000000235**

1. Name of Limited Partnership

National Wireless Infrastructure, L.P.

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.

**4. Date Formed or Registered
To Do Business in Florida**

6-25-96

5. FEI Number

75-2650210

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$1,600,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

0

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

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

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)

DATE

**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)

Unisite Alpha, Inc.

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

116 Huntington Ave.

City, State and Zip Code

Boston MA 02116

**10a. Registration
Document Number**

F96000002540

BK

800004671188--5

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.

BY: *Unisite Alpha, Inc., its general partner*

SIGNATURE

DATE

Nov. 1, 01

Typed or Printed Name of General Partner Signing Form

W. Robert Kellegren, Jr.

Telephone Number

(617) 375-9529

CR2E039 (9/01)



B9 6000000235

ACCOUNT NO. : 072100000032
REFERENCE : 339514 4389224
AUTHORIZATION : *Patricia Pzyt*
COST LIMIT : \$ ~~1026.25~~

ORDER DATE : November 6, 2001

ORDER TIME : 11:41 AM

ORDER NO. : 339514-005

CUSTOMER NO: 4389224

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

641.25

RECEIVED
01 NOV -7 PM 12:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

201A 000 60605

NAME: NATIONAL WIRELESS
INFRASTRUCTURE, L.P.

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____