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(((H15000219026 3)))



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To:

Division of Corporations

Fax Number : (05C) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone : (850)205-8842 : (850)878-5368 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Reese Tower Services, Inc.

Certificate of Status	0
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Page Count	05
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S. YARIPMS

9/11/2015 9:31:08 AM From: To: 8506176383(2/5)

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COVER LETTER

	tration Sec								
SUBJECT:	•	OWER SERVICE	S, INC.						
SOBJECT:		Name	of corporat	ion -	must include suffix	·			
Dear Sir or M	adam:								
"Certificate of	f Existence	ion by Foreign C e," or "Certificat n corporation to	e of Good S	Stand	uthorization to Transing" and check are still in Florida.	sact Business in ubmitted to reg	n Florida ister the	,"	
Please return :	all corresp	ondence concen	ning this ma	tter t	the following:				
Brian Reese									
	-		Name	of Pe	erson				
REESE TOWE	ER SERVIC	CES, INC.							
			Firm/C	omp	any				
1044 Saint Joh	ns RD								
		_	Ac	dres	3				
Drums Pennsy	Ivania 1822	.2							
			City/Stat	e and	Zip code			, 55	
breese@reeset	owerservice		se: (to be us	ed for	r future annual repor	t notification)		S	7
			•		·	i nonneauon)	4 - 1		=
For further in	formation -	concerning this	matter, plea	se cal	ll:				'n
Brian Reese			at (359-3293		710		
Name	e of Person	n	Area C	Code)	ephone Number	TÉM	. 0. 56	
Regis Divisi Clifto 2661	tration Section of Cor on Building	porations 3 Center Circle	SS:		Registration	Corporations 27			
Enclosed is a	check for	the following an	nount:						
□ \$70.00 Fil	ing Fee	S78.75 Fili Certificate			\$78.75 Filing Fee & Certified Copy	Certifi	Filing Fo cate of S ed Copy	tatus &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1	Reese Tower Se	rvices		
••	(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	15
	•			
	(If name unavails	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	business in Florida)
2.	Pennsylvania	·	17-3095425	
4	(State or country 01/27/2015	y under the law of which it is incorporated)	(FEI number, if app	·
••	(Date	of incorporation)	(Date of duration, if other the	nan perpetual)
6.				
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	<u> </u>
_ i	1044 Saint Johns	RD Drums Pennsylvania 18222	a, i as, to determine petiatey macing	,
<i>'</i>		(Principa	l office address)	
•	-	(Current mailing	address, if different)	ारको प्र ा
0	Name and store	toddoor of Placids and asset (D.O.	D NOT	FA SA F
Б.	Name and stree	et address of Florida registered agent: (P.O. C T Corporation System	Box NOI acceptable)	프린 뉴 블
	Name:			13 - m
Of	fice Address:	1200 South Pine Island Road		
		Plantation, FL 33324	. Florida	5. 5
		(City)	(Zip code)	इन %
Ha des fui	iving been nam signated in this Ther agree to c	ent's acceptance: sed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re amiliar with and accept the obligations of C T Corporation Sy	ent as registered agent and agre lative to the proper and complet my position as registered agent.	e to act in this capacity e performance of my
	Ву:	Jenner Unal Jan	Her Vincent N & Assistant Recretary	_

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

II. Nam	es and business addresses of officers and/or directors:	
A. DIRI	ECTORS	
Chairman	Brian Reese	_
Address:	1044 Saint Johns RD Drums Pennsylvania 18222	
Vice Chal		
	rman:	
Address:	· · · · · · · · · · · · · · · · · · ·	
Director:		
Address:		<u></u>
Director:		
Addiess.		-
B. OFF		
President:		
Address:	1044 Saint Johns RD Drums Pennsylvania 18222	्र क
		E A T
Vice Presi	dent:	
		AG I
71001033.		100 =
		<u>>= 하</u>
Secretary:		<u> </u>
Address:	· · · · · · · · · · · · · · · · · · ·	
Treasurer:		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	or directors.
12.	Bu Du	
	Signature of Director or Officer	
are true a	er or director signing this document (and who is listed in number 11 above) affirms that the not that the description of that false information submitted in a document to the Department to the	e racis stated herein
a third de	gree felony as provided for in s.817.155, F.S.	
13. Brian	(Typed or printed name and consoling of names	
	(Typed or printed name and capacity of person signing application)	

9/11/2015 9:31:08 AM From: To: 8506176383(5/5)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 09/02/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

REESE TOWER SERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COLUMN

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the commonwealth

Certification Number: TSC150902171254-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx