


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED</p> <p>00 SEP 28 PM 1:35</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>100003415351--9 -10/05/00--01092--006 ****758.75 ****758.75</p> <p>REINSTATEMENT 2000</p>																												
<p>DOCUMENT # F95000001980</p> <p>1. Corporation Name</p> <p>MRP Bell Tower, Inc.</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 4/24/1995</p> <p>5. FEI Number 31-1434181</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>																												
<p>Principal Place of Business</p> <p>7 West Seventh Street c/o Madison Marquette Cincinnati, OH 45202</p> <p>Mailing Address Same</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																														
<p>2. New Principal Office Address, if Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, if Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																												
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1 Title(s)</th> <th style="width:30%;">2 Name of Officers and/or Directors</th> <th style="width:40%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:20%;">4 City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>P/C</td> <td>JOHN P. BOORN</td> <td>7 WEST SEVENTH STREET SUITE 1600</td> <td>CINCINNATI, OHIO 45202</td> </tr> <tr> <td>V/VC</td> <td>JAME S. BENNETT</td> <td>7 WEST SEVENTH STREET SUITE 1600</td> <td>CINCINNATI, OHIO 45202</td> </tr> <tr> <td>STV</td> <td>C. LOUIS MITSCH</td> <td>7 WEST SEVENTH STREET SUITE 1600</td> <td>CINCINNATI, OHIO 45202</td> </tr> <tr> <td>D</td> <td>DAVID BRAINERD</td> <td>2001 PENNSYLVANIA AVENUE SUITE 950</td> <td>WASHINGTON, DC 20006</td> </tr> <tr> <td>D</td> <td>AMER HAMMOUR</td> <td>2001 PENNSYLVANIA AVENUE SUITE 950</td> <td>WASHINGTON, DC 20006</td> </tr> <tr> <td>D</td> <td>WILLIAM D. ANTHONY</td> <td>2001 PENNSYLVANIA AVENUE SUITE 950</td> <td>WASHINGTON, DC 20006</td> </tr> </tbody> </table>			1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip	P/C	JOHN P. BOORN	7 WEST SEVENTH STREET SUITE 1600	CINCINNATI, OHIO 45202	V/VC	JAME S. BENNETT	7 WEST SEVENTH STREET SUITE 1600	CINCINNATI, OHIO 45202	STV	C. LOUIS MITSCH	7 WEST SEVENTH STREET SUITE 1600	CINCINNATI, OHIO 45202	D	DAVID BRAINERD	2001 PENNSYLVANIA AVENUE SUITE 950	WASHINGTON, DC 20006	D	AMER HAMMOUR	2001 PENNSYLVANIA AVENUE SUITE 950	WASHINGTON, DC 20006	D	WILLIAM D. ANTHONY	2001 PENNSYLVANIA AVENUE SUITE 950	WASHINGTON, DC 20006
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<p>8. Name and Address of Current Registered Agent</p> <p>CT Corporation System 1200 South Pine Island Road Plantation FL 33324</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>Suite, Apt. #, Etc. _____ LS</p> <p>City _____ State FL Zip Code _____</p>																												
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.</p> <p>Signature of Registered Agent <u>Connie Bryan</u> Date <u>9-28-00</u></p> <p>Connie Bryan, SECRETARIES AGENTS MUST SIGN</p>																														
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																														
<p>12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that, when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., and that all fees owed by the corporation 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.</p> <p>SIGNATURE: <u>C. Louis Mitsch</u> Date <u>9/27/00</u> (513) 579-7800</p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR</small></p>																														

CR2E040 (1295)

C. Louis Mitsch, STV