

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

DOCUMENT # F96000001288

1. Corporation Name

American Tower Rental, Inc.

REINSTATEMENT 99-50

2. Principal Office Address

116 Huntington Ave.

Suite, Apt. #, etc.

11th floor

City & State

Boston MA

Zip

02116

Country

Suffolk

3. Mailing Office Address

116 Huntington Ave.

Suite, Apt. #, etc.

11th floor

City & State

Boston MA

Zip

02116

Country

Suffolk

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****900.00 ****900.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

76-0487164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. 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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Assoc. V.P.

REGISTERED AGENT MUST SIGN

Date

6/12/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Steven B. Dodge	116 Huntington Ave, 11th fl.	Boston MA 02116
T/D	Joseph L. Winn	116 Huntington Ave, 11th fl.	Boston MA 02116
S/D	Justin D. Benincasa	116 Huntington Ave, 11th fl.	Boston MA 02116
S	Jonathan R. Black	116 Huntington Ave, 11th fl.	Boston MA 02116
D/COO	Douglas C. West	116 Huntington Ave, 11th fl.	Boston MA 02116

10. 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 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan R. Black

Date

Daytime Phone #

(617)375-7529

SP

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