LEA F REA	Lins F.C	TIC BEFF	COM LETIN	is TAY FO.M	
INTED LI BILY		RTMENT OF STATE		FILED	
COMPANY REINSTATEMENT		ary of State CORPORATIONS		03 FEB 18 PH 11: 49	
REINSTATEMENT				PRODUCTARY OF STATE	
DOCUMENT # LOOOOOO 10 よ 1 1. Limited Liability Company's Name				TALLAHASSEE, FLORIDA	
220 MHz License and System			\ \ ∩2/	200012592232 17/0301041005 **3287.5	
Acquisition, Ll	<u> </u>		027	11700 01011 000 1102011	
2. Principal Office Address	3. Mailing Office Add	dress	A State/Count	4. State/Country of Formation	
5440 N.W. 33rd Ave Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL/USA		
106				5. Date Organized or Qualified To Do Business in Florida	
City & State	City & State		6. FEI Number	Applied For	
Fort Lauderdale, FL	Zip	Country	<u> 52- a</u>	Not Applicable	
2ip Country 333309 U.S.A.			CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name SMR Advisory Group, LLC					
Street Address (P.O. Box Number is Not Acceptable) 5440 N.W. 33rd Avenue					
Suite, Apt. #, Etc.	- (3 .1000.	·		
city Fort Lauderdale State Zip Code FL 33309					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.					
Signature of Registered Agent Date					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Mei	mbers/Managers	Street Address of	Each	City / State / Zip	
Titles Managing Members/Managers		Managing Member/Manager			
MAMAlbert Koenigs	berg 74	005 Block	Olive Way	Tamarac, FL 33321	
			delace T	TENENT 02-07	
		6	ar hans a c	A BERRAREA CO.	
· .				AL	
			application as provide	ted for in chanter 608. F.S. I further certify that when	
11. I certify that t am managing member/manager filing this reinstatement application the reason to all fees owed by the limited liability company has if made under oath.	or the receiver or truste or dissolution has been over been paid. The inforf	nation indicated on this applic	ation is true and accur	ted for in chapter 608, F.S. I further certify that when tes the requirements of section 608,408, F.S., and that rate, and my signature shall have the same legal effect	
Signature of Managing Member/Manager		Date	tags 2003	Daytime Phone # 454 3664 757	
Signature of Managing Member/Manager Date COENIGS BEET COENIGS BEECC					