

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 28 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002183

1. Limited Liability Company's Name

FLORIDA TELE-COM TOWERS, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 300 North Highway A1A Suite, Apt. #, etc. N103 City & State Jupiter, Florida Zip 33477		Country USA		3. Mailing Office Address 300 North Highway A1A Suite, Apt. #, etc. N103 City & State Jupiter, Florida Zip 33477		Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/25/2000	
6. FEI Number 593628332	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Tobin & Reyes, PA

Street Address (P.O. Box Number is Not Acceptable)
5355 Town Center Road

Suite, Apt. #, Etc.
Suite 204

City Boca Raton	State FL	Zip Code 33486
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A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Francis Reyes* Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lou Palomba	300 North Highway A1A	Jupiter, Florida 33477

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REINSTATEMENT 04-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of Managing Member/Manager *Francis Reyes Attorney in fact* Date 3-24-08 Daytime Phone # 2.561.620-0656
2.678-898-8999

Typed or printed name of signing Managing Member/Manager Lou Palomba