L06000072607

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LS

LIMITED LIABILITY REINSTATEMENT

MIAMI TOWER LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2007

MIAMI TOWER LLC
3900 BISCAYNE BLVD.
MIAMI, FL 33137

SUBJECT: MIAMI TOWER LLC
REF: L06000072607

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H07000249277
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L06000072607

1. Limited Liability Company's Name
Miami Tower LLC

2. Principal Office Address	3. Mailing Office Address
3900 BISCAYNE BLVD.	1150 15th Street NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: Washington DC
Zip: 33137 Country: USA	Zip: 20071 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/20/2006

6. FEI Number: 20-8038410 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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: [signature] Anusha Putty Vice President and Assistant Secretary Date: 10/5/07

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	Post-Newsweek Station Florida Inc.	1851 South Hampton Road	Jacksonville FL 32207

REINSTATEMENT 07

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: [signature] Date: 10/05/07 Daytime Phone #: 305.325.2496

Typed or printed name of signing Managing Member/Manager: Dave Boylan VP/General Manager for Post-Newsweek Station Florida Inc.

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