


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2016 NOV 16 PM 12 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L10000037612

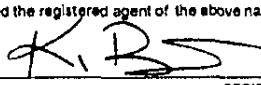
1. Limited Liability Company's Name
FIRST CHOICE TOWERS, LLC

2. Principal Office Address - No P.O. Box # 18812 LANSFORD DR		3. Mailing Office Address 18812 LANSFORD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HUDSON, FL		City & State HUDSON, FL	
Zip 34667	Country USA	Zip 34667	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 04/07/2010	
6. FEI Number 27-2281158	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

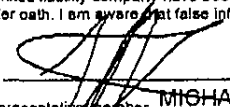
8. Name and Address of Current Registered Agent			
Name URS AGENTS, LLC			
Street Address (P.O. Box Number is Not Acceptable) Suite, 3458 LAKESHORE DRIVE			
Apt. #, Etc.			
City TALLAHASSEE	State FL	Zip Code 32312	

300292436878
11/17/16-01001-004
363.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent 	KANETHA BISHOP, ASSISTANT SECRETARY Date _____
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	MICHAEL MERCULIEFF	18812 LANSFORD DR	HUDSON, FL 34667
<div>REINSTATEMENT</div> <div>NOV 16 2016</div> <div>R. HUNT</div>			

11. E-mail Address: mmerculieff@firstchoicetowers.com

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	
Signature of authorized representative/member 	Date 11-15-2016 Daytime Phone # 352-238-2266
Typed or printed name of signing authorized representative/member MICHAEL MERCULIEFF	