PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
2020 FEB 14 PM 12:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000186520

1. Limited Liability Company's Name

LAHOYA LLC

8P03B407T8448
02/14/20--01015--002 **516.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
757 Arlington Ave. N.	757 Arlington Ave. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701 Country: USA	Zip: 33701 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 08/31/2017

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Walter E. Smith

Street Address (P.O. Box Number is Not Acceptable) Suite:
757 Arlington Ave. N.

Apt. #, Etc.

City: St. Petersburg State: FL Zip Code: 33701

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 _____ Date 02/06/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Philip Lazzara	757 Arlington Ave. N.	St. Petersburg, FL 33701
AMBR	William Hoyt	757 Arlington Ave. N.	St. Petersburg, FL 33701

11. E-mail Address: philip.lazzara@crowncastle.com
(To be used for future annual report notifications)

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 Philip Lazzara Date 02/05/2020 Daytime Phone # 727.644.3566

Typed or printed name of signing authorized representative/member Philip Lazzara

MOORE
FEB 20 2020