PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
С	ED LIABIL OMPANY STATEME		! S	Katheri ı Secretar	TMENT OF ne Harris by of State corporation		0	FILED OFEB 15 AM 10:	25
DOCUMENT # L98000002874 1. Limited Liability Company's Name Thompson Tower Technologies, LLC							SECRETARY OF STATE FREEZHASSEE, FECHIOA		
2. Principal Office Address 3888 Sail Wind Dr 3888 Suite, Apt. #, etc. 3. Mailing Office Address Suite, Apt. #, etc.				8 Sail Wind Dr			4. State/Country of Formation (OV) 5. Date Organized or Qualified		
GULF BREEZE /2 - G				City & State Gilf Breeze, FL Zip 32561 Country ()5			To Do Business in Florida 6. FEI Number 99 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED SS.00 Additional Fee required to a Cartificate of Status		
, , , , ,		0.3		0	Address of Cur	<u> </u>		OF OTATOO DESITES [foraCertificate of Status
	Street Address (P.O. Box Number is Not Acceptable) 3888 Sail Wind Suite, Apt. #, Etc. City Cit				l Dr			000031448652 -02/23/0001078005 *****50.00 *****50.00 000031448652 -02/23/0001078006 State ****150.00 ****150.00 FL 3256	
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 Date 12 17 99 REGISTERED AGENT MUST SIGN									
10. Name	s and Street Add	resses of Managing Mem	bers/Managers			KE	351 A	EMEN	12-00
Titles	Mar	Name of naging Members/Manage	rs			ddress of Each Member/Mana		City / St	ate / Zip CCC
mgrm	Dan Gell, Inc.			621 5 Novy Blud Pensacola, 66 32507			507	Pensacola, FC	32507
werm	Danny	be thoupson	~	39 P	netree (Dr.	- !	Lucedale, MS	39492
MGRM .	John Eri	c Parkin	,	1236	Bartri	am Lan	u.	Pensacola, Fr	32507
mgrm	Jim Gar	ner		118	Craft	St.		Pensacola, Fr	32534
MG PM	Fred 1	Lilley		3888	Saill	Vind Dr	<u></u>	Gulf Breeze,	F 32561
Man Lori Lynn Wood Roya TII					5532 Sea Spray Dr. 621 S. Navy Blud			Pensacola, Fr Pensacola, Fr	32507 32507
11. J 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 filling 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 fill 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 Date 12/17/99 Daytime Phone # 850 453 99/4 Typed or printed name of signing Managing Member/Manager									