

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 18 PM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/17/03--01041--005 \*\*3287.50

DOCUMENT # L99000000137

1. Limited Liability Company's Name

Florida 220 MHz SMR, LLC

2. Principal Office Address

5440 N.W. 33rd Ave

Suite, Apt. #, etc.

106

City & State

Fort Lauderdale, FL

Zip

33309

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

01/07/1999

6. FEI Number

65-0911659

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

Albert Koenigsberg

Street Address (P.O. Box Number is Not Acceptable)

5440 NW 33rd Avenue

Suite, Apt. #, Etc.

106

City

Fort Lauderdale

State

FL

Zip Code

33309

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]*

Date

4 Feb 2003

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
MEM	Albert Koenigsberg	5440 NW 33rd Ave. Ste. 106	Fort Lauderdale, FL 33309
MEM	Hank Klein	5440 NW 33rd Ave. Ste. 106	Fort Lauderdale, FL 33309

REINSTATEMENT 02-03

AL

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

4 Feb 2003

Daytime Phone #

954 366 4739

Typed or printed name of signing Managing Member/Manager

Albert Koenigsberg

CR25041 (10/02)