

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L99000003282

1. Limited Liability Company's Name

TowerCom Holdings II, LLC

3000 MAY 10 PM 2 5675
05/10/04--01109--002 **50.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500033101875
04/19/04--01081--001 **150.00

2. Principal Office Address

1 Independent Drive
Suite, Apt. #, etc.

Suite 1600

City & State

Jacksonville, FL

Zip

32202

Country

USA

3. Mailing Office Address

1 Independent Drive
Suite, Apt. #, etc.

Suite 1600

City & State

Jacksonville, FL

Zip

32202

Country

USA

4. State/Country of Formation,

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/8/99

6. FEI Number

59-3582807

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

David R. Shields

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

1 Independent Dr.

Suite, Apt. #, Etc.

Suite 1600

City

Jacksonville

State

FL

Zip Code

32202

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]

REGISTERED AGENT MUST SIGN

Date 4-14-04

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	TowerCom Enterprises LLC	1 Independent Dr Suite 1600	Jacksonville, FL 32202

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

4-14-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager David R. Shields

CR2041 (10/02)