

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

01 OCT 22 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **MD00000001825**

1. Limited Liability Company's Name

**MESA COMMUNICATIONS GROUP LLC**

**REINSTATEMENT 2001**

2. Principal Office Address

**6400 ARLINGTON BLVD**

Suite, Apt. #, etc.

**SUITE 1000**

City & State

**FALLS CHURCH VA**

Zip

**22042**

Country

3. Mailing Office Address

**6400 ARLINGTON BLVD**

Suite, Apt. #, etc.

**SUITE 1000**

City & State

**FALLS CHURCH VA**

Zip

**22042**

Country

4. State/Country of Formation

**GEORGIA**

5. Date Organized or Qualified To Do Business in Florida

**09-08-00**

6. FEI Number

**58-2472023**

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

**CT CORPORATION SYSTEM**

**900004650039-4**

**-10/23/01--01053--002**

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

**1200 SOUTH PINE ISLAND ROAD**

**\*\*\*\*155.00 \*\*\*\*155.00**

Suite, Apt. #, Etc.

City

**PLANTATION**

State

**FL**

Zip Code

**33324**

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

**Hillary England** Date **10/19/01**  
**Assistant Secy.**

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
Manager	Michael T. Williams	6400 ARLINGTON BLVD #1000	FALLS CHURCH VA 22042
Manager	John E. Rupert	612 CAREY HILL ROAD	MONROEVILLE PA 17754
Manager	Nicholas E. Somers	540 MADISON AVE	NEW YORK NY 10022
Manager	W. Montague Yost	540 MADISON AVE	NEW YORK NY 10022
Manager	Matthew Y. Rho	540 MADISON AVE	NEW YORK NY 10022

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 **10-18-01**

Daytime Phone # **703-533-1312**

Typed or printed name of signing Managing Member/Manager

**Michael T. Williams**

CR2E041 (9/01)