M04000004011

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # M04000004011

1. Limited Liability Company's Name

Akima Site Operations, LLC

2. Principal Office Address		3. Mailing Office Address	
1001 E. Benson Blvd		13777 Ballantyne Corp.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 101B		Suite 500	
City & State		City & State	
Anchorage, AK		Charlotte, NC	
Zip	Country	Zip	Country
99508	USA	28277	USA

4. State/Country of Formation: Alaska, USA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 20-0351198 ☐ 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

000008712110
10/18/05--01038--001 **150.00

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

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: Connie Bryan Special Asst. Secty Date: 10/13/05
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
PRES	Victor DeJong	7807 NW Westside Drive	Kansas City, MO
DIR	Shelby Stasny	1001 E. Benson Blvd	Anchorage, AK
	REINSTATEMENT 2005		

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 608.405, 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: Victor DeJong Date: 10-12-05 Daytime Phone #: 704 714 4556

Typed or printed name of signing Managing Member/Manager: Victor DeJong

FL110 - 9/08/05 C T System Online