

MD000002592

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

10

Email Address: _____

L. SELLERS

JUN 28 2010

EXAMINER

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LIMITED LIABILITY REINSTATEMENT
GLOBAL SIGNAL ACQUISITIONS III LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MO6000002592**

1. Limited Liability Company's Name
GLOBAL SIGNAL ACQUISITIONS III LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 1220 AUGUSTA DRIVE		3. Mailing Office Address 1220 AUGUSTA DRIVE	
Suite, Apt. #, etc SUITE 500		Suite, Apt. #, etc SUITE 500	
City & State HOUSTON, TEXAS		City & State HOUSTON, TEXAS	
Zip 77057	Country USA	Zip 77057	Country USA

4. State/Country of Formation DELAWARE, USA	
5. Date Organized or Qualified To Do Business in Florida 5/9/2006	
6. FEI Number 20-4457109	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: **CT Corporation System**

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

Suite, Apt. #, Etc:

City: **Ponchatoula** State: **LA** Zip Code: **70004**

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: **6/22/10**

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
Mg Mbr	Global Signal Operating Partnership LP	1220 Augusta Dr. Suite 500	Houston, TX 77057
	L. SELLERS		
	JUN 28 2010		
	EXAMINER		
		REINSTATEMENT	09-10

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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: **6/22/2010** Daytime Phone #: **713-570-3024**

Typed or printed name of signed Managing Member/Manager: **Lynn Howell, Assistant Secretary - on behalf of Global Signal Operating Partnership LP**