

From:

02/19/2015 02:01

#512 P.002/002

(((H15000043562 3)))

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 FEB 19 PM 3:10

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #** M08000002623

1. Limited Liability Company's Name

Straight Way Radio, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1345 Ave. of the Americas		3. Mailing Office Address 1345 Ave. of the Americas	
Suite, Apt. #, etc. 46th Floor		Suite, Apt. #, etc. 46th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10105	Country USA	Zip 10105	Country USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

6/4/08

6. FEI Number

261083061

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

National Corporate Research, Ltd.

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

155 Office Plaza Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent*An Marie Curran*

Asst. Secretary

Date

2/19/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Fortress Value Recovery Fund I LLC	1345 Ave. of the Americas, 46th Floor	New York, NY 10105
REINSTATEMENT			
<i>2012-2015</i>			
			S. HAWKES
			FEB 19 A.M.
			EXAMINER

11. E-mail Address: clawton@fortress.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.156, F.S.

Signature of By: *James K. Noble III* James K. Noble III Date 2/17/15 Daytime Phone # 212-798-6100

Authorized Representative/Manager

Typed or printed name of signing Authorized Representative/Manager James K. Noble III

(((H15000043562 3)))

From:

02/19/2015 01:59

#512 P.001/002

((H15000043562 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000043562 3)))



H150000435623ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
STRAIGHT WAY RADIO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$660.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H15000043562 3)))