

10/7/2013 10:13:12 From: To: 8506176383

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OCT 11 2013
TALLAHASSEE, FLORIDA

13 OCT -7 PM 3:33

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M11000005789			
1. Limited Liability Company's Name Landmark Infrastructure Holding Company LLC			
2. Principal Office Address - No P.O. Box # 2141 Rosecrans Avenue Suite, Apt. #, etc. #2100 City & State El Segundo, CA Zip 90245 Country USA		3. Mailing Office Address P.O. Box 3429 Suite, Apt. #, etc. City & State El Segundo, CA Zip 90245 Country USA	
		4. State/Country of Formation Delaware	
		5. Date Organized or Qualified To Do Business in Florida 11/17/2011	
		6. FBI Number 45-2464311 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
B. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324		E-mail Address: ncarey@landmarkdividend.com (To be used for future annual report notices)	
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 <u>Nicole Carey</u> Date <u>10/4/2013</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jeffrey Knyal	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	Keith M. Drucker	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	George Doyle	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	Arthur P. Brazy, Jr.	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	Daniel E. Rebeor	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
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 606.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S. Signature of Managing Member/Manager <u>Jeffrey Knyal</u> Date <u>10/4/2013</u> Daytime Phone # <u>310 294-8160</u> Typed or printed name of signing Managing Member/Manager			

RE 10/7/13

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Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**LIMITED LIABILITY REINSTATEMENT
LANDMARK INFRASTRUCTURE HOLDING COMPANY LLC**

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