

**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.

(((H16000130534 3)))



H160001305343ABCX

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****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
K2 TOWERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

MAY 26 2016


R. HUNT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 MAY 26 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	---

CR2E041 (1/14)

DOCUMENT # M14000007792

1. Limited Liability Company's Name
K2 Towers, LLC

2. Principal Office Address - No P.O. Box # <u>86 West Street</u> <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address <u>86 West Street</u> <small>Suite, Apt. #, etc.</small>
--	--

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
6-19-2009

6. FEI Number <u>26-4756201</u>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

City & State <u>Chagrin Falls, OH</u>		City & State <u>Chagrin Falls, OH</u>	
Zip <u>44022</u>	Country <u>USA</u>	Zip <u>44022</u>	Country <u>USA</u>

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

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.
1200 South Pine Island Rd.

City <u>Plantation</u>	State <u>FL</u>	Zip Code <u>33324</u>
---------------------------	--------------------	--------------------------

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 Cornie Buge Date 5/26/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	<u>Howard Mandel</u>	<u>86 West Street</u>	<u>Chagrin Falls, OH 44022</u>
AR	<u>Ryan Lepore</u>	<u>_____</u>	<u>_____</u>
AR	<u>Audrey Jackson</u>	<u>_____</u>	<u>_____</u>

REINSTATEMENT

MAY 26 2016

R. HUNT

11. E-mail Address: ajackson@k2towers.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Audrey Jackson Date 5/25/16 Daytime Phone # 440-588-0325

Typed or printed name of signing authorized representative/member Audrey Jackson