## PLEASE R

LIMITED LIABILITY . . COMPANY REINSTATEMENT



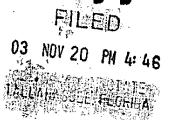
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT#** 

1. Limited Liability Company's Name

INLAND TOWERS LLC



_	_		_	. l J.
2. Principal Office Address ONE PENN PLAZA		3. Mailing Office Address ONE PENN PLAZA		4. si
Suite, Apt. #, etc. SUITE 4000		Suite, Apt. #, etc. SUITE 4000		5. D
City & State NEW YORK, NY		City & State NEW YORK, NY		<b>6.</b> FI
Zip 10119	Country	Zip 10119	Country USA	7, CEF
	· · · · · · · · · · · · · · · · · · ·	8. Namo	and Address of Current i	Registered Agen

4. State/Country of Fermation NEW YORK, NY		
<ol> <li>Date Organized or Qualified</li> <li>To Do Business in Florida</li> </ol>	6/24/1999	

El Number 13-4055425

Applied For Not Applicable

RTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

JOEL WIENER, C/O INLAND TOWERS LLC

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

2075 NORTHEAST 164TH STREET

Suite, Apt. #, Etc.

NORTH MIAMI BEACH

Zip Code 33162

9. I, deing appointed the registered agent of the above named limited liability company, and tamber with and accept the obligations of Chapter 608, F.S.						
Signature o Registered	Agent	SENT MUST SIGN	Date 11/17/03			
10, Names and Street Addressos of Managing Members/Managers						
Titles	Name of Managing Membors/Managers	Street Address of Each Managing Member/Manager	City / State / Zip			
MGRM	JOEL WIENER	ONE PENN PLAZA, SUITE 4000	NEW YORK, NY 10119			
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¥ <sup>¢</sup>		1770				

11. I certify that I am managing member/managar or the receiver of trustoe 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 cath.

Signature of .
Managing Momber/Managor

Typed or printed name of signing Magaging Member/Manager