

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

INLAND TOWERS LLC

2. Principal Office Address

ONE PENN PLAZA

Suite, Apt. #, etc.

SUITE 4000

City & State

NEW YORK, NY

Zip

10119

Country

USA

3. Mailing Office Address

ONE PENN PLAZA

Suite, Apt. #, etc.

SUITE 4000

City & State

NEW YORK, NY

Zip

10119

Country

USA

4. State/Country of Formation

NEW YORK, NY

5. Date Organized or Qualified
To Do Business in Florida

6/24/1999

6. FEI Number

13-4055425

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

JOEL WIENER, C/O INLAND TOWERS LLC

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

2075 NORTHEAST 164TH STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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

Date

11/17/03

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
MGRM	JOEL WIENER	ONE PENN PLAZA, SUITE 4000	NEW YORK, NY 10119

REINSTATEMENT 2003

AK

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 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

Date

11/17/03

Daytime Phone #

212 695 2800

Typed or printed name of signing Managing Member/Manager

Joel Wiener

CR2041 (10/02)