

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 OCT 27 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001636

1. Limited Liability Company's Name

PRIME OUTDOOR GROUP, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

1225 17TH STREET

Suite, Apt. #, etc.

SUITE 1525

City & State

DENVER, CO 80202

Zip

80202

Country

USA

3. Mailing Office Address

1225 17TH STREET

Suite, Apt. #, etc.

SUITE 1525

City & State

DENVER, CO 80202

Zip

80202

Country

USA

4. State/Country of Formation

DELAWARE

**5. Date Organized or Qualified
To Do Business in Florida**

OCT. 15, 1999

6. FEI Number

84-1517745

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 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)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

900003458139-8

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****155.00 ****155.00

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

Christen Waker

KRIS REAS, ASST Secy

REGISTERED AGENT MUST SIGN

Date 10/25/00

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
MEM	MARK HARRIS	1225 17TH ST., STE 1525	DENVER, CO 80202

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

Mark T. Harris

Date 10/26/00

Daytime Phone# (303) 308-5998

Typed or printed name of signing Managing Member/Manager

MARK T. HARRIS

CR2E041 (9/00)