
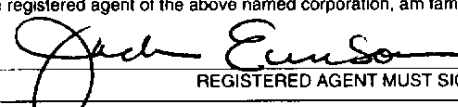



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P15567			
1. Corporation Name UNITED TOWERS, INC. PO BOX 1838 CHICKASHA, OK 73023			
Principal Place of Business 2 miles east of I44 on Hwy 62 Chickasha, OK 73018 PO Box 1838 Chickasha, OK 73023-1838 <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>		Mailing Address (Empty)	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified to Do Business in Florida 8/12/87		5. FEI Number 73-1210013	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status.	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO	Harold Curtis	Rt 2 Box 139	Chickasha, OK 73018
P	Robert Brink	111 Christopher	Chickasha, OK 73018
VP	Randal Oberlag	Rt 2 Box 169	Chickasha, OK 73018
VP	Robert Curtis	105 Rosewood	Chickasha, OK 73018
S	Lana Morgan	Rt 5 Box 125	Chickasha, OK 73018
T	Charles D. Whitsitt	517 Cheswick Court	Norman, OK 73069
8. Name and Address of Current Registered Agent Thornton, Garrett 1800 Minute Men Causeway Apt 14 Coco Beach, FL 32931		9. Name and Address of New Registered Agent Name Jack Eunson Street Address (P.O. Box Number is Not Acceptable) 600 Cleveland St. Suite 750 Suite, Apt. #, Etc. Suite 750 City Clearwater State FL Zip Code 34615	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 2-10-97 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lana Morgan, Secretary		2/4/97 405-222-2876 Date Daytime Phone #	

FILED

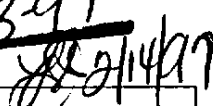
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 9397


CR2E040 (12/96)