

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **728832**

1. Corporation Name
**Friends of WLRN, Inc., a Florida corporation not
for profit**

2. Principal Office Address
172 N.E. 15th Street

3. Mailing Office Address
172 N.E. 15th Street

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Miami, Florida

Miami, Florida

Zip

33132

Country

US

Zip

33132

Country

US

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1974

5. FEI Number
23-7365001

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent
Gustavor Sagastume
Name **c/o WLRN**
172 N.E. 15th Street

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

500003130296--3

-02/10/00--01007--019

*****358.75 ***358.75**

State, Apt. #, etc.

MI 15

City
Miami

State
FL

Zip Code
33132

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **1-10-2000**

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir Chairperson	Sibbald Drucker	251 Crandon Blvd., #143	Key Biscayne, FL. 33149
Tre Chairperson	Roger Rosenberger	14500 S.W. 94th Court	Miami, Florida 33176
Dir Sec.	Rachel Bleckman	701 Brickell Ave., #3000	Miami, Florida 33131

10. 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(2)(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

1/10/2000

Date

Corporate Phone #

KE