| PLEASE READ | ALL INSTRUCTIONS | BEFORE C | OMPLETI | NG THIS FORM. | |
|--|---|--|--|---|---|
| APPLICATION O | FLORIDA DEPARTMEN | NT OF STATE | | | |
| FORGLY | Katherine Ha Secretary of S | | | | |
| REINSTATEMENT DIVISION OF CORPORATIONS | | | FILED | | |
| DOCUMENT # 2 16 10 1 . 1. Corporation Name | | | 99 APR 21 AM 10: 50 | | |
| | | | SECRETARY OF STATE | | |
| Northeast Florida Radio Inc | | | TALLAHASSEE, FLORIDA | | |
| Principal Place of Business Mailing Address | | | | | |
| WHOG 1330 Noble St., | | | | | 69 |
| Radio Building, Ste 25 Anniston, Al 36201 | | | DEINICTATED | | |
| If above addresses are incorrect in any way. line through incorrect information and enter correction bet 2. New Principal Office Address If Applicable 3. New Mailing Office Address, If Applicable | | | REINSTATEMENT 1/21/20 | | |
| Suite, Apt #, etc. | Suite, Apt #, etc | Applicable | 4 Date Incorporated or Qualified To Do Business in Flonda 12/19/63 | | |
| Crty & State | City & State | | 5. FEI Number | | Applied For |
| Zip Country | Zip Countr | v | 6 S8.75 Additional Fee requi | | Not Applicable Additional Fee required |
| | <u> </u> | | | OF STATUS DESIRED K I for | a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/ Title(s) 1 | Stre | eet Address of Each ficer and/or Director | · I | City / State | - 1.7m |
| 1 2 3 (Do NOT Use | | se Post Office Box N | | 4 | |
| P/D Hogan, Mark 1811 Mac | | e Rd. | | Anniston, Al | 36207 |
| S/T Hogan, Sylvia | d Birming | ham Hwy | Anniston, Al | 36201 | |
| V Hogan, Jeff 300 Mon | | anto Rd. Anniston, Al 36201 | | | 36201 |
| | | 600028529166 -04/27/9901044001 ***1500.00 ***1500.00 | | | 1044001 |
| | | | 6,00003352516 | | |
| 8. Name and Address of Current I | Registered Agent | ĺ | 9. Name and A | -04/27/9301 ddress o'i teil he giste ic Ag | |
| Name Vena Teston | | | | | · · · · · · · · · · · · · · · · · · · |
| Billy G. Hogan 517 S. 7th St. Fernandina Beach, Fl | | Street Address (P.O. Box Number is Not Acceptable) 2342 Bonnie Oaks Dr. Suite, Apl. #, Etc | | | |
| Terminaria seaen, 1 | City State Zip Code Fernandina Beach FL 32034 | | | | |
| 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. | | | | | 3203.4 |
| Signature of Registered Agent Ling Moyan RE | Date 4-19-99 | | | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. | | | Yes No w (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: SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4-19-99 205-236-6484 Daytime Phone: * | | |