PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 JUN - 7 PH 3: 24 DOCUMENT # SECRETARY OF STATE 1. Corporation Name TALLAHASSEE, FLORIDA AMERICA RADIO CLUB, INC. Mailing Address Principal Place of Business 10833 SW 142 CT P.O. BOX 441001 MIAMI FX 33186 MIAMI FL 33144 US 5124/99 90011 040 61.25 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 600 10/15/1979 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For NOT APPLICABLE City & State Not Applicable 6. \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip and/or Directors Officer and/or Director Title(s) PD HERNANDEZ, NILO A 10833 SW 42 COURT MIAMI FL 33186 ₽D 10833 SW 142 COUNT MIAMILES 33345, 00 -APD-1759 S.W. 95 CT CALDERON: PEDRO ·VSD· MARTINEZ SR. ILDEFONSO-MIAMI-FL 10833 SW 42 COUPT-DT 10655 SW-113-PL--**MIAMI FL 33176**-DELAPAZ, F HIALEAH FI 33010 suite c 600 PALM AVE 11873 SW 203 ST -D MARTINEZ JR. ILDEFONSO. MIAMI FL Rodriguez, MIGUEL 600 PALM AUE SUITE C 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent DEIA PAZ HERNANDEZ, N A Street Address (P.O. Box Number is Not Acceptable) 10833 SW 142 CT PALM MIAMI FL 33186 Zip Code 330/0 10. I, being appointed the registered agent of the Registered Agent 11. 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, 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. Frank DE la PAZ D/T 4/26/1000 305-887.1114 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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