

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000003082**

1. Corporation Name

COMMON GROUND BROADCASTING, INC.

Principal Place of Business

4880 SANTA ROSA RD., #300
CAMARILLO CA 93012

Mailing Address

4880 SANTA ROSA RD., #300
CAMARILLO CA 93012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

06/05/2001

5. FEI Number

93-1079989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DS	BLOCK, JONATHAN L	4880 SANTA ROSA RD., #300	CAMARILLO CA 93012
DP	ATSINGER, EDWARD G III	4880 SANTA ROSA RD., #300	CAMARILLO CA 93012
VT	EVANS, DAVID A	4880 SANTA ROSA RD., #300	CAMARILLO CA 93012
C	Epperson, Stuart W	3780 Will Scarlet Rd.	Salem-Winston, NC 27104
EV	Davis, Joe	777 Terrace Ave. 6th Flr.	Hasbrouck Heights, NJ 07064
V.	Hill, Eileen	488 Santa Rosa Rd. #300	Camariillo, CA 93012

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jonathan L Block
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/21/02

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, 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:

Jonathan L Block
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/02 805-987-0400

CR2E040 (8/02)