

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006716**

1. Corporation Name

McKenzie Broadcast Associates, Inc.

REINSTATEMENT

99-02

2. Principal Office Address

14624 U.S. Hwy 441
P.O. Box 67

Suite, Apt. #, etc.

City & State

Tavares, FL
Marion, IL

Zip
32778
62999

Country

USA

3. Mailing Office Address

14624 U.S. Hwy 441
P.O. Box 67

Suite, Apt. #, etc.

City & State

Tavares, FL
Marion, IL

Zip
32778
62999

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/09/98

5. FEI Number

364176629

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

Name

David M. Campione, Esq.

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

600 Jennings Avenue

Suite, Apt. #, Etc.

City

Eustis,

State

FL

Zip Code

32726

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

David M. Campione

REGISTERED AGENT MUST SIGN

Date

4/26/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	Bruce L. Cox	14624 U.S. Hwy 441	Tavares, FL 32778
ST	James P. Adams	#17 Cottonwood	Mt. Vernon, IL 62864

5/1/02
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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(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: *Bruce L. Cox*

President

02/17/01 (352) 589-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)