

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT 30 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001870

1. Corporation Name

DURO COMMUNICATION CORPORATION

2. Principal Office Address

1101 Greenwood Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

City & State

Lake Mary

City & State

Zip

32746

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 04/09/1999

5. FEI Number

06-1539021

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

Intrastate Registered Agent Corporation

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

200 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 2600

City

Orlando

State  
FL

Zip Code

32801

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 10/29/02

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
CEO P	Osvaldo deFaria Jr.	1101 Greenwood Blvd, Suite 201	Lake Mary, Florida 32746
D	R. Bruce Layman	1101 Greenwood Blvd., Suite 201	Lake Mary, Florida 32746
D	Robert Greer	1101 Greenwood Blvd., Suite 201	Lake Mary, Florida 32746
S T	Steven Sapp	1101 Greenwood Blvd., Suite 201	Lake Mary, Florida 32746

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 807.0401 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

Date

407-708-1707

Daytime Phone #

js 11/6/02