

L9500000465

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -8 PM12:00

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L9500000465**
M/I/STONE Broadcasting, L.C.
5200 NW 43rd St.
Suite 102-279
Gainesville, FL 32606

1a. Principal Place of Business Address
3720 NW 43rd St.
Suite 102-279
Gainesville, FL 32606

If above mailing address is incorrect in any way line through incorrect information and enter correct on in Block 2a

2 Principal Place of Business
3720 NW 43rd St.
Suite, Apt. #, etc.
Suite 104
City & State
Gainesville, FL 32606
Zip
32606 Country
Alachua

2a. Mailing Address
5200 NW 43rd St.
Suite, Apt. #, etc.
Suite 102-279
City & State
Gainesville, FL
Zip
32606 Country
Alachua

3. Date Organized or Qualified
7/10/95
4. FEI Number
59-3326956
5. Date of Last Report
1997

3a. State of Formation
Florida
☐ Applied For
☐ Not Applicable
6. Certificate of Status Desired
\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

Donald L. Boyd
5200 NW 43rd St.
#102-279
Gainesville, FL 32606

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date

11/1/98

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Mr. Donald L. Boyd 5200 NW 43rd St. A102-279 Gainesville, FL 32606

600002777306--2
-02/16/99--01082--007
*****877.50 *****877.50

600002777306--2
-02/16/99--01082--008
*****8.75 *****8.75

REINSTATEMENT

CM

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date

11/1/98

Daytime Phone # 1-800-304-8747

Typed or printed name of signing Managing Member/Manager