

272.80

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L96000000102

1. Limited Liability Company's Name

Tama Broadcasting Group of Florida, L.C.

2. Principal Office Address - No P.O. Box #

407 N. HOWARD AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FLORIDA

Zip

33606

Country

USA

3. Mailing Office Address

407 N. HOWARD AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FLORIDA

Zip

33606

Country

USA

4. State/Country of Formation

FLORIDA

 5. Date Organized or Qualified
To Do Business in Florida

JANUARY 24, 1996

6. FEI Number

65-0688548

Applied For

Not Applicable

 7. CERTIFICATE OF STATUS DESIRED ☐

 \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BUSH ROSS REGISTERED AGENT SERVICES, LLC

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

1801 N. HIGHLAND AVENUE

Suite, Apt. #, Etc.

City

TAMPA, FLORIDA

State

FL

Zip Code

33602
☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

 Date **9.17.08**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TAMA BROADCASTING, INC.	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606

 200136245472
 09/23/08 01008-011 **3555.00

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

 Date **9/16/08**

 Daytime Phone **813-259-4867**

Typed or printed name of signing Managing Member/Manager

BY: DR. TED BOLTON, PHD, CEO OF TAMA BROADCASTING INC.

FILED

08 SEP 18 PM 1:40

 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

REINSTATEMENT 07-08

CR2E041 (12/07)