

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 APR 28 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M81128

1. Corporation Name

MINORITY BROADCAST DEVELOPMENT, INC.

W98-9479

Principal Place of Business

Mailing Address

12381 S. Cleveland Avenue
Suite 106
Ft. Myers, FL 33907

same

800002511308--7
-05/05/98--01102--003
***1650.00 ***1650.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

May 12, 1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

165-0668839

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Robinson, Trina	1815 John F. Kennedy Blvd #2805	Philadelphia, PA 19103

REINSTATEMENT 92-98
4-29-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

none

Name

W. Patrick Ayers, Esquire

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

CARLTON FIELDS

Suite, Apt. #, Etc.

One Harbour Place

City

Tampa

State

FL

Zip Code

33602

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.

Signature of
Registered Agent

SEE ATTACHMENT FOR SIGNATURE
REGISTERED AGENT MUST SIGN

Date April 24, 1998

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trina Robinson

4/23/98

Date

Daytime Phone #

(215) 665-0764

CR2040 (12/96)

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