

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 25 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003882

1. Corporation Name

Melody Christian Radio, Inc.

2. Principal Office Address

1381 White Ave

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32064

Country

USA

3. Mailing Office Address

1381 White Ave

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32064

Country

USA

REINSTATEMENT 02-04

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

06/05/2001

5. FEI Number

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

Gloria Hancock

800029300658

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

1381 White Ave

Suite/Apt. #, Etc.

City

Live Oak, FL

State

FL

Zip Code

32064

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

Gloria Hancock

Date

02-19-04

REGISTERED AGENT MUST SIGN

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
DP	Gloria Hancock	1381 White Ave	Live Oak, FL 32064
DV	Bennice Wolfe	11033 111 th Rd	Live Oak, FL 32060
DV	James Smith	8892 135 th Rd	Live Oak, FL 32060

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:

Gloria Hancock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-19-04

Daytime Phone #