

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1997 JAN 15 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N39357*

1. Corporation Name
RADIO WAVES OF LOVE, INC.
RADIO ONDAS DE AMOR

Principal Place of Business Mailing Address
6050 W 20th Ave.
HIALEAH, FL 33106

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0209394

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	OSCAR J, AGUERO	16745 NW 84th Ct.	MIAMI, FL 33016
VS	STELLA M. AGUERO	16745 NW 84th Ct.	MIAMI, FL 33016
D	DIEGO JONATHAN AGUERO	16745 NW 84. CT	MIAMI FL 33016
D	PEREZ HECTOR	5337 W 22, COURT	HIALEAH, FL 33016
D	JAVIER RODRIGUEZ	2660 W 76 STREET	HIALEAH, FL 33016
D	SOTELO MAXIMO	10874 SW 2 STREET	miami, FL

8. Name and Address of Current Registered Agent

Lilian Cast
16745 NW 84th Ct.
Miami, FL 33016

4000002063694--6
-01/22/97--01012--002
*****8.75 *****8.75

9. Name and Address of New Registered Agent

Name
OSCAR J. AGUERO

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

16745 NW 84 CT

Suite, Apt. #, Et.

4000002063694--6

-01/22/97--01012--001

City
MIAMI, FL 33016

*****542.50 *****542.50
FL 33016

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

REGISTERED AGENT MUST SIGN

Date

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)