1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -7 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000549

1. Corporation Name

WOLR 91.3 FM, Inc

2. Principal Office Address	**3.** Mailing Office Address
3332 220th PL	PO Box 1448
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State: Live Oak, FL
Zip: 32024 Country: USA	Zip: 32064 Country: USA

02-04

4. Date Incorporated or Qualified To Do Business in Florida: 12-01-1992

5. FEI Number: 59-3220061 ☐ 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

REINSTATEMENT 02-04

Name: Frank C. Davis

Street Address (P.O. Box Number is Not Acceptable): 1341 Copeland St.

Suite, Apt. #, Etc.

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City: Live Oak 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: Frank C Davis Date: 10/4/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

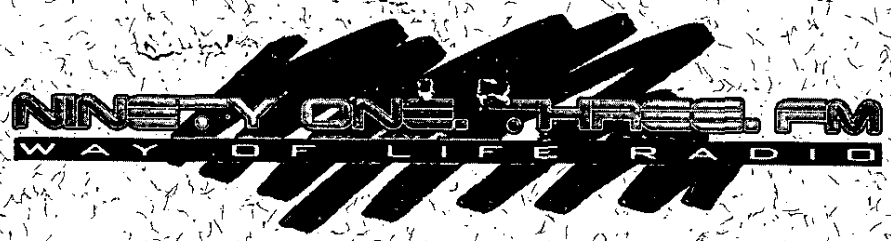
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VT	Judy Sumrall	PO Box 1394	Cross City, FL 32628
VT	Chris H. Musgrove	7219 137th Rd	Live Oak FL 32060
PT	Frank C. Davis	1341 Copeland St.	Live Oak FL 32064
ST	Amanda Davis	1341 Copeland St.	Live Oak, FL 32064
TT	Bobbie Lake	375 Westmoreland St.	Live Oak, FL 32064

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: Frank C Davis, President 10/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2012



September 24, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please waive the reinstatement fees due to the fact that our mailing address has changed and for this reason we have not received the Annual Report Form since 2002.

Enclosed you will find our Reinstatement Application. Also, a check in the amount of $183.75, $61.25 for each year is enclosed.

Sincerely,

Frank C. Davis,
President

P.O. Box 1448 • Live Oak, FL 32064 • Request 904/935-3300 • FAX 904/935-2684