

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004796**

1. Corporation Name

K92FM/RON BISSON CHARITY GOLF, INC.

Principal Place of Business

**4192 JOHN YOUNG PARKWAY
ORLANDO FL 32804**

Mailing Address

**4192 JOHN YOUNG PARKWAY
ORLANDO FL 32804**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1998

5. FEI Number

59-3539199

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BECK, LARRY	480 SILVER DEW ST	LAKE MARY FL 32746
D	BISSON, RON	4192 JOHN YOUNG PARKWAY	ORLANDO FL 32804
D	DUNHAM, JIM	1548 INDIAN HEAD TRAIL	ORLANDO FL 32828
D	DUNN, STEVE	ONE PHIL RITSON WAY	ORLANDO FL 32869
DS	FREEMAN, SUNNY	4192 JOHN YOUNG PARKWAY	ORLANDO FL 32804
D	HENDRICH, BILL	4192 JOHN YOUNG PARKWAY	ORLANDO FL 32804

8. Name and Address of Current Registered Agent

**SHACKLEFORD, LEN
4192 JOHN YOUNG PARKWAY
ORLANDO FL 32804**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

**600008699296
10/30/02-01069-004 **236.25**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

LEN SHACKLEFORD

Date **10/24/02**

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEN SHACKLEFORD

10/24/02

Date

4072989292

Daytime Phone #

CR2E040 (8/02)