

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 21 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000452

1. Corporation Name

OFFICE RADIO NETWORK.COM, INC

000076066840
06/12/08--01008--016 **1050.00

2. Principal Office Address

5165 MAGELLAN WAY EAST

Suite, Apt. #, etc.

City & State

DELRAY BEACH FLA

Zip

33404

Country

USA

3. Mailing Office Address

430 S WESLEY

Suite, Apt. #, etc.

City & State

OAK PARK, IL

Zip

60302

Country

USA

REINSTATEMENT

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

12/99

5. FEI Number

95-4789914

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

MARK ALBA

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

8 SURF ROAD

Suite, Apt. #, Etc.

City

BOYTON BEACH

State

FL

Zip Code

33435

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

Mark Alba

Date

4/18/06

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
<u>DIRECTOR</u>	<u>ROLAND PERRY</u>	<u>430 S. WESLEY</u> <u>OAK PARK, IL.</u>	<u>OAK PARK, IL 60302</u>

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 contained in Chapter 119, 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

Date

4-18-06

Daytime Phone #

310-488-0599

2/2

DEAR SIRs:

I NEVER RECEIVED THE ANNUAL REPORT NOTICES SENT TO THE BEVERLY HILLS ADDRESS ON THE REVERSE SIDE, DUE TO A CHANGE IN ADDRESS.

PLEASE WAIVE THE REINSTATEMENT FEE, AS I DID NOT RECEIVE PRIOR NOTICES (AND WAS NOT AWARE OF THE ANNUAL FEE).

I HAVE ENCLOSED \$1050 FOR THE PAST MISSED YEARS.

ROLAND PERRY 

310-488-0599 - (CELL)

OFFICE RADIO.