

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 26 PM 5:11

DOCUMENT # P00000034888

1. Corporation Name

RADIO Pitite-Calle, Inc.

Principal Place of Business

Mailing Address

14900 NE 2ND Ave.
N. MIAMI FL 33161

14900 NE 2ND Ave.
N. MIAMI FL 33161

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-3-00

5. FEI Number

65-1007757

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTO O	RAYMOND F. PIQUION	14900 NE 2ND Ave.	N. MIAMI FL 33161

700004717207--0
-12/10/01--01100--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

RAYMOND F. PIQUION
14900 NE 2ND Ave.
N. MIAMI FL 33161

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

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

Date 11-19-01

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. PIQUION

Date

Daytime Phone #

11-19-01 305-949-8783

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT WE CHANGED ADDRESSES AND NEVER RECEIVED OUR UBR
RENEWAL FORM IN THE MAIL DESPITE OUR NOTIFYING YOUR OFFICE IN DECEMBER
2000 OF OUR NEW LOCATION (SEE COPY OF LETTER).

WE ARE HEREBY REMITTING \$150.00 PAYMENT.

THANK YOU.

RESPECTFULLY,



RAYMOND F. PIQUION
PRESIDENT