

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081230

1. Corporation Name

REGENCY BROADCASTING CORPORATION

Principal Place of Business

1635 WINDY PINES DRIVE
APT #3
NAPLES FL 34112

Mailing Address

1635 WINDY PINES DRIVE
APT #3
NAPLES FL 34112



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

07/26/2002

5. FEI Number

52-2370370

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 |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| CEO | JOSUE ALUSMA | 5263 Golden Gate Pkwy Suite G | NAPLES FL 34116 |
| VP | JOSEPH FERIO FRANCOIS | 136 NAPA RIDGE WAY | NAPLES FL 34119 |
| Secretary | JOYCE BROWNING | 5263 GOLDEN GATE PKWY Suite G | NAPLES FL 34116 |
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8. Name and Address of Current Registered Agent

ROBERT, MAHANEY A
1635 WINDY PINES DR
APT #3
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name JOSEPH FERIO FRANCOIS

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

136 NAPA RIDGE WAY

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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

REGISTERED AGENT MUST SIGN

Date 10-14-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)