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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 18 PM 1:33

STATE
TAMPA, FLORIDA

700136245427
09/23/08--01008--011 **3555.00

DOCUMENT # P04000063542

1. Corporation Name

Tama Radio Licenses of Savannah, Georgia, Inc.

2. Principal Office Address - No P.O. Box #

407 N. HOWARD AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FLORIDA

Zip

33606

Country

USA

3. Mailing Office Address

407 N. HOWARD AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FLORIDA

Zip

33606

Country

USA

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

April 16, 2004

5. FEI Number

☒ 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

BUSH ROSS REGISTERED AGENT SERVICES, LLC

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

1801 N. HIGHLAND AVENUE

Suite, Apt. #, Etc.

City

TAMPA, FLORIDA

State

FL

Zip Code

33602

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

J. C. T. Anderson, V.P.
REGISTERED AGENT MUST SIGN

Date 9.17.08

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
PT	DR. TED BOLTON, PHD	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606
VPS	ARLENE MENDEZ	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606
D	ED A. WILLIAMS	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606
D	JEFFREY C. SCOTT	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606

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:

Ted Bolton

TED BOLTON, PRESIDENT

9/16/08

813-259-9867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #