

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 PM 5: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000163387

1. Corporation Name

LM Radio Communications, INC

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

34 New Castle DR

Suite, Apt. #, etc.

3. Mailing Office Address

34 New Castle DR

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

7. Name and Address of Current Registered Agent

Name

Luis Mendez

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

34 NEW CASTLE DRIVE

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

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

Luis Mendez

REGISTERED AGENT MUST SIGN

Date

10/14/09

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 |
|--------|--------------------------------------|---|---------------------|
| DPST | Luis Mendez | 34 NEW CASTLE DRIVE | KISSIMMEE, FL 34746 |
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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:

Luis Mendez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/09

Date

321-443-0162

Daytime Phone #

400162843704
11/16/09--01028--019...\$300.00
REINSTATEMENT 08209

4. Date Incorporated or Qualified
To Do Business in Florida

12-14-2005

5. FEI Number

20-3956449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.