

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000032805**

1. Corporation Name

JACOR I, INC.

FILED

96 DEC 19 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/29/95

Principal Place of Business

3438 EAST LAKE ROAD
SUITE 14655
PALM HARBOR FL 34685

Mailing Address

3438 EAST LAKE ROAD
SUITE 14655
PALM HARBOR FL 34685

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

~~3438 EAST LAKE ROAD~~
SUITE 14655 PALM HARBOR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

34685 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1993

5. FEI Number

59-3180815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

8375 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
DP	ROBINSON, SHELLEY	330 WOODS LANE TRAIL	OLDSMAR FL 34677
	↓ same	↓ new 1373 FOREST EDGE BLVD	↓ same

988882833205
-12/27/96--0105
****383.75 ****

REINSTATEMENT

8. Name and Address of Current Registered Agent

PAIKOFF, NANCY S
400 CLEVELAND ST.
8TH FLOOR
CLEARWATER FL 34615

9. Name and Address of New Registered Agent

Name **STEWART ROBINSON**
Street Address (P.O. Box Number is Not Acceptable)
1373 FOREST EDGE BLVD
Suite, Apt. #, Etc.
OLDSMAR FL
City State Zip Code
FL 34677

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **Dec 5/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 5/96

Date Daytime Phone #