

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 # **993000061860**

1. Corporation Name

Florida Radio Partners, Inc.

Principal Place of Business

**P.O. Box 1197
Trenton, FL 32693**

Mailing Address

**One Radio Rd.
Trenton, FL
32693**

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

P.O. Box 442

Clarksburg MD

20871

USA

FILED

97 DEC -5 PM 12:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 97

4. Date Incorporated or Qualified
To Do Business in Florida

9/3/93

5. FEI Number

59-3211833

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
Pres.	Larry Grimes	12218 Piedmont Rd.	Clarksburg MD 20871

**200002363972-5
-12/05/97--01017--018
****750.00 ****750.00**

**JB
12-5-97**

8. Name and Address of Current Registered Agent

**CS Corporation System
1200 South Pine Island Rd
City of Plantation, FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Kevin J. Gallagher, Assistant Vice President

Date **11/18/97**

11. 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.)

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

Larry Grimes - President

11/14/97

Date

301.540.0636

Daytime Phone #