PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 SEP -4 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080862

1. Corporation Name

Phoenix Broadcast Partners, Inc.

Principal Place of Business / Mailing Address

35048 U.S. Highway 19 North
Palm Harbor, Florida 34684

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: 11/22/93

5. FEI Number: 72-1268829 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres/ Dir	Stephen Schurdell	35048 U.S. Hwy. 19 N.	Palm Harbor, Florida 34684
V-Pres. Dir.	Carl J. Marcocci	35048 U.S. Hwy. 19 N.	Palm Harbor, Florida 34684
Sec./Treas. Dir.	Betty L. Marcocci	35048 U.S. Hwy. 19 N.	Palm Harbor, Florida 34684

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REINSTATEMENT

8. Name and Address of Current Registered Agent

Dennis Repka
35048 U.S. Hwy. 19 N.
Palm Harbor, Florida 34684

9. Name and Address of New Registered Agent

Name: Carl J. Marcocci
Street Address (P.O. Box Number is Not Acceptable): 35048 U.S. Highway 19 North
Suite, Apt. #, Etc.
City: Palm Harbor, [illegible] — State: FL — Zip Code: 34684

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: _____ Date: 9/2/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 [illegible] 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. [illegible] 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 [illegible] on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 9/2/98 (727) 442-4027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone