PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1999 AR

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011347

FILED
99 OCT 19 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

05/13/99 900321013 $160.00

1. Corporation Name

ZEPHYR BROADCASTING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 37905 WDCF DRIVE<br>DADE CITY FL 33525 | 37905 WDCF DRIVE<br>DADE CITY FL 33525 |

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

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 02/07/1994

5. FEI Number: 59-3230660 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

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 | 4 City / State / Zip |
|---|---|---|---|
| PD | HUFF, JUDY | 1102 SUNSHINE AVENUE | BRANDON FL 33511 |
| VD | HUFF, EARL | 1102 SUNSHINE AVENUE | BRANDON FL 33511 |
| VD | MAGGIO, JEFF | 37905 WDCF DRIVE | DADE CITY FL 33525 |
| STD | COLLINS, LORI | 37905 WDCF DRIVE | DADE CITY FL 33525 LS |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

COLLINS, LORI
37905 WDCF DRIVE
DADE CITY FL 33525

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

10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0501, F.S.

Signature of Registered Agent: John Collins Date: 10-18-99
REGISTERED AGENT MUST SIGN

11. 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 this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., 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 607.0502, F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John Collins Date: 10-18-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR