

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 JUN 21 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025473

1. Corporation Name

FLORIDA
New South Radio of Fla. Inc.

2. Principal Office Address

Rtc 1 Box 87

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pineville, FL

City & State

Zip

Country

Zip

Country

32350

4. Date Incorporated or Qualified
To Do Business in Florida

4-4-94

5. FEI Number

59-3334527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randolph W. Williams

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

1212 SW Lee St.

Suite, Apt. #, Etc.

MAADRA

City

MADISON

State

FL

Zip Code

32340

400003312464-1

-07/05/00-01013-042

****908.75 ****908.75

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

Randolph W. Williams

REGISTERED AGENT MUST SIGN

Date 6-21-00

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
PST	Randolph W. Williams	1212 SW Lee St.	MADISON, FL 32340

REINSTATEMENT 99-00 **TS**

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 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:

Randolph W. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-00

Date

929-2000
Daytime Phone #

CR2E081 (9/99)