

P95000019776

1849 Miller Landing Road
Tallahassee, Florida 32312
January 1, 1997

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

400002046064--4
-01/03/97--01181--015
*****43.75 *****43.75

Enclosed is an Articles of Dissolution Section 607.1403
for Pinnacle Invention Holding Compnay, Inc. 59-3303412.

Also enclosed is check number 226 in the amount of \$43.75
for the filing fee for the Articles of Dissolution (\$35.00)
and a certificate of Status (\$8.75).

Sincerely,

Donald O. Alford
Donald O. Alford
President
(904) 893-5668

FILED
97 JAN -3 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/14

Jon
Vol.
Diss.
C.H.S.

ARTICLES OF DISSOLUTION

FILED
97 JAN -3 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: PINNACLE INVENTION HOLDING COMPANY, INC.

SECOND: The date dissolution was authorized: November 11, 1996

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 1st day of January, 19 97.

Signature

Donald O. Alford
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Donald O. Alford
(Typed or printed name)

President
(Title)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 JAN -6 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000020316**

1 Corporation Name

JACKSON BROADCASTING SYSTEMS INCORPORATED

Principal Place of Business

Mailing Address

120 EAST PINE STREET
SUITE 6
LAKELAND FL 33801
US

POST OFFICE BOX 92895
LAKELAND FL 33804-2895
US



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		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/13/1995	
City & State		City & State		5 FEI Number	
Zip		Country		59-3065838	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$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
DP	JACKSON, ELIJAH JR	638 WEST 8TH STREET, POB 92895	LAKELAND FL
VD	JACKSON, DELESIA RENEE	638 WEST 8TH STREET POB 92895	LAKELAND FL
VD	PETERSON, PAIGE DENISE	303 WEST MYRTLE STREET	LAKELAND FL
300002057793--5 -01/14/97--01168--003 ***915.04/97***915.00 REINSTATEMENT 1/16/97 Calan			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JACKSON, ELIJAH JR 638 WEST 8TH STREET POB 92895 LAKELAND FL 33804		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 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date **01-03-97**

REGISTERED AGENT MUST SIGN

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.)

I certify that I am an officer or director of 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 taxes 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]* E. JACKSON, JR. Date **01-03-97** Daytime Phone **941-686-7567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN -6 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020328

1 Corporation Name

JACKSON BROADCASTING COMPANY INCORPORATED

Principal Place of Business

Mailing Address

120 EAST PINE STREET
SUITE 6
LAKELAND FL 33801
US

P.O. BOX 92895
LAKELAND FL 33804-4375
US

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		4 Date Incorporated or Qualified To Do Business in Florida 03/13/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 FEI Number 59-3065838	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$87.50 Additional Fee required for 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
PD	JACKSON, ELIJAH JR	638 WEST 8TH STREET, POB 92895	LAKELAND FL 33804
VPD	JACKSON, DELESIA R	638 WEST 8TH STREET, POB 92895	LAKELAND FL 33804

REINSTATEMENT 90-97
A. d. l. a. e.

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JACKSON, ELIJAH JR 638 W. 8TH ST. LAKELAND FL 33804-4375		Name Street Address (P.O. Box Number is Not Acceptable) 700002057807--9 Suite, Apt. #, Etc. -01/14/97--01168--004 ****915.00 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 607.0505, F.S.

Signature of Registered Agent _____ Date 01-03-97

REGISTERED AGENT MUST SIGN

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: _____ Date 01-03-97 94/686-7567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____