

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

APR 22 11:32

DOCUMENT # **P95000032439**

1. Corporation Name

CONTY COMMUNICATIONS OF ORLANDO, INC.

Principal Place of Business

Mailing Address

283 N NORTHLAKE BLVD
 SUITE 111
 ALTAMONTE SPRINGS FL 32701

283 N NORTHLAKE BLVD
 SUITE 111
 ALTAMONTE SPRINGS FL 32701



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

2. New Principal Office Address, If Applicable
1403 E. VINE ST
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
SAMB

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1995

5. FEI Number

59-3374159

Applied For

Not Applicable

City & State
WISSINNEKE F

City & State

Zip
FL 32744

Zip Country

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
D	CONTY, JOSE J	2896 UK CIR	WINTER PARK FL
			600002757876--8 -01/29/99--01005--003 ***900.00 ***900.00
			REINSTATEMENT '97-'98
			SCC 1-25-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONTY, JOSE J
 283 N NORTHLAKE BLVD
 SUITE 111
 ALTAMONTE SPRINGS FL 32701

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

REGISTERED AGENT MUST SIGN

Date: **1-19-99**

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 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

(407)
1-19-99-932-4244

Date

Daytime Phone #

CR2E040 (9/95)