

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 MAY 13 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079429

1. Corporation Name *

UNITED COMMUNICATIONS OF JACKSONVILLE INC.

Principal Place of Business

Mailing Address

3147 WALLER ST
SUITE B
JACKSONVILLE FL 32205

3147 WALLER ST
SUITE B
JACKSONVILLE FL 32205

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

5913 Normandy Blvd
Suite, Apt. #, etc.
Suite 6

City & State
Jacksonville, FL

Zip
32205

Country
Duval

5913 Normandy Blvd
Suite, Apt. #, etc.
Suite 6

City & State
Jacksonville, FL

Zip
32205

Country
Duval

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1995

5. FEI Number

59-3353701

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)

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	DOSS, LAWRENCE P	19391 SUFFOLK DR	DETROIT MI 48203
			300002528319-- 4 -05/19/98--01017--005 ****300.00 ****300.00

REINSTATEMENT

97-98

5-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KING, DAVID A
1416 KINGSLEY AVE
ORANGE PARK FL 32073

CLIVE N. STEPHENSON

Name

CLIVE N. STEPHENSON

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

3063 HARTLEY ROAD SUITE 3

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

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

CLIVE N. STEPHENSON

REGISTERED AGENT MUST SIGN

Date 5/11/98

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

5/11/98

Date

Daytime Phone #

After Care 904

378-3094

CR20040 (8/97)