PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

APPLICATION FOR REINSTATEMENT

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

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90021 029 ***150.00

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DOCUMENT # P95000079429

1. Corporation Name

UNITED COMMUNICATIONS OF JACKSONVILLE INC.

2000

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, type through the correct information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3063 Hartley Rd	3063 Hartley Rd
Suite, Apt., Etc.: Suite 3	Suite, Apt., Etc.: Suite 3
City & State: Jacksonville, FL.	City & State: Jacksonville, FL
Zip: 32257 Country: Duval	Zip: 32257 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

8. Name and Address of Current Registered Agent

KING, DAVID A
1416 KINGSLEY AVE
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

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

CR2E040 (8/97)

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] (IF CHANGING REGISTERED AGENT, THIS MUST BE SIGNED) Date: 4/25/00

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.

Alex Cox 904

SIGNATURE: [signature] Date: 4/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Capacity/Title of)