

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 DEC -1 PM 12: 08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000080676**

1. Corporation Name

EMERALD COAST COMMUNICATIONS GROUP, INC.

Principal Place of Business

5520 STEWART STREET
 MILTON FL 32570

Mailing Address

5520 STEWART STREET
 MILTON FL 32570

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

10/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3342256

Applied For

Not Applicable

City & State

City & State

Zip

Country

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
P	RANDY J. LEBLANC	5265 SEWELL RD	MILTON FL
VP	CHERYL LEBLANC	5265 SEWELL RD	MILTON FL
VP	STERLING MANN	4440 STACEY CIRCLE	MILTON FL
S	CATHERINE G. PIERCE	6480 D ASHBOROUGH COURT	MILTON FL
T	RANDY LEBLANC	5265 SEWELL RD	MILTON FL

8. Name and Address of Current Registered Agent

LEBLANC, RANDY
 5520 STEWART STREET
 MILTON FL 32570

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code

1000 2373561-5
 -12/16/97-01069-014
 ****750.00 ****750.00
 FL

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

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)(f), 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

11-26-97

Date

850-623-6231

Daytime Phone #

CPRE040 (8/97)