PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Katherine Harris FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P45000084253 99 DEC 21 AM 8: 27 UMMAT Broadcasting Corporation INC. Principa Place of Business 2873 W. 15th Street 2873 W.15th St. Theksonville, FL 32254 Jackson-ille, FL 32254 If above addresses are incorrect in any way, line through incorrect information and enter correction below. orated or Qualified ness in Florida 3. New Mailing Office Address, If Applicable 2 New Principal Office Address, If Applicable 1995 102 Suite, Apt. #, etc. Suite. Apt #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 A subtremal Fee require for a Certificate of Stulps Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director NOT Use Post Office Box Numbers) Name of Officers City / State / Zin Title(s) 920 STD 40 447 9. Name and Address of New Registered Agent *Anthony Gomes 2873 W. 15th Street Jacksmulle, FC. 32254 Street Address (P.O. Box Number is Not Acceptable) **e0000307**5938----12/21/99--01018--002 Suite, Apt. #, Etc. ***1392 50 ***1208.75 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 Hegistered Agei REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes No 🔯 Intangible Personal Property Tax due June 30. 1.2 Leartify that Lam 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 filling 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 eath. 12/20/14 (904) 378-0895 SIGNATURE: R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR