

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA5000096996*

1. Corporation Name

Karisma Communications Southeast, Inc.

Principal Place of Business Mailing Address

11218 Boca Woods Lane
Boca Raton, Florida 33428

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

2. New Principal Office Address, If Applicable
11218 Boca Woods Lane

3. New Mailing Address, If Applicable
11218 Boca Woods Lane
Boca Raton, FL 33428

4. Date Incorporated or Qualified To Do Business in Florida
December 18, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number Applied For Not Applicable

City & State
Boca Raton, FL 33428

City & State
Boca Raton, FL 33428

6. CERTIFICATE OF STATUS DESIRED

Zip
33428

Country
USA

Zip
33428

Country
USA

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 |
|------------|-------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Director | Hilda M. Dawson | 11218 Boca Woods Lane Boca Raton, FL 33428 | Boca Raton, FL 33428 |
| | | | |
| | | | 000002016310--1 -11/27/96--01096--012 ****375.00 ****375.00 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. Michael Haygood, Esquire
Mack, Williams, Haygood & McLean, P.A.
980 N. Federal Highway, Suite 305
Boca Raton, Florida 33432-2704

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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 *J. Michael Haygood*
REGISTERED AGENT MUST SIGN

Date 11/6/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Hilda M. Dawson

Hilda M. Dawson

11/2/96 561 479 4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #