

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

96 NOV 25 PM 12:08

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33428

City & State

Boca Raton, FL 33428

Zip

33428

Country

USA

Zip

33428

Country

USA

REINSTATEMENT *96*

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

December 18, 1995

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
			<i>DB11-25-96</i>

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilda M. Dawson

11/12/96 561 479 4088

Date Daytime Phone #