

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # P96000036618

1. Corporation Name

BARTOW BROADCASTING CO., INC.

01 DEC 12 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT *JEV*



Principal Place of Business

1355 N. MAPLE AVE.  
BARTOW FL 33830

Mailing Address

1355 N. MAPLE AVE.  
BARTOW FL 33830

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1996

5. FEI Number

59-3351127

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

07/10/01 90007 076 \$150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MORTS, HARVEY G	1355 N. MAPLE AVE.	BARTOW FL 33830
S	MORTS, JUDY F	1355 N. MAPLE AVE.	BARTOW FL 33830

100004745281--7

-12/31/01--01071--031

\*\*\*\$600.00 \*\*\*\$600.00

8. Name and Address of Current Registered Agent

ROBINSON, EDDIE G  
395 E. SUMMERLIN ST.  
BARTOW FL 33830

9. Name and Address of New Registered Agent

Name WILLIE MAY JEFFRIES, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
180 BROADWAY AVE, South  
Suite, Apt. #, Etc.  
City BARTOW State FL Zip Code 33830

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

*Willie May Jeffries*  
REGISTERED AGENT MUST SIGN

Date

12-4-01

11. 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.

SIGNATURE:

*Harvey G. Morts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 Dec. 01 (863) 533-2658