

JUN 14 1999 8:36AM READ ALL INSTRUCTIONS BEFORE COMPLETING TNO. 830 ORMP. 2/3

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT -4 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PAUDDDD038150

1. Corporation Name

MALLRADIO, INC.

Principal Place of Business

Mailing Address

1129 SE 4 AVE  
FT. LAUDERDALE FL 33316

W001000010001

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

May 2, 1996

5. FEI Number

65-0330293

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

54.73 Additional fee required  
for Certificate of Status

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

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip         |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------|
| ✓             | Joel Benson, Secretary                    | 3800 GALT OCEAN DRIVE<br>#806                                                                  | FT. LAUDERDALE, FL 33309        |
| ✓             | Robert Benson, President                  | <del>XXXXXXXXXXXXXXXXXXXX</del>                                                                | <del>XXXXXXXXXXXXXXXXXXXX</del> |
|               |                                           |                                                                                                |                                 |
|               |                                           |                                                                                                |                                 |
|               |                                           |                                                                                                |                                 |
|               |                                           |                                                                                                |                                 |
|               |                                           |                                                                                                |                                 |
|               |                                           |                                                                                                |                                 |

8. Name and Address of Current Registered Agent

Sanford N. Reinhard, P.A.  
2875 NE 191st Street- Suite 404  
Aventura, FL 33180

9. Name and Address of New Registered Agent

Name  
Joel Benson  
Street Address (P.O. Box Number is Not Acceptable)  
9812 SW 92nd Terrace  
Suite, Apt. #, Etc.  
City  
Miami  
State  
FL  
Zip Code  
33176

\* I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6-17-99

11. This corporation owes 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page

KE

6-17-99 (954) 467-9000