PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 DEC 29 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000047311

1. Corporation Name

PINNACLE AM BROADCASTING, INC.

REINSTATEMENT 97-18

2. Principal Office Address		3. Mailing Office Address	
1900 Midnight Cove II		1900 Midnight Cove II	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 120		Suite 120	
City & State		City & State	
Sarasota, FL		Sarasota, FL	
Zip	Country	Zip	Country
34242	US	34242	US

4. Date Incorporated or Qualified To Do Business in Florida 5/29/1996

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Capital Connection, Inc.

Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia Street

Suite, Apt. #, Etc.: Suite 1

City: Tallahassee | State: FL | Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Lance L. Ms Capital Connection, Inc. Date 12/29/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Kearney, Thomas W.	1900 Midnight Cove II, 120	Sarasota, FL 34242

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10. 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: Thomas W Kearney 12-21-2000 JW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone