

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000077868**

1. Corporation Name

**RADNO, INC.**

Principal Place of Business

7231 RADIO ROAD #542  
NAPLES FL 34112

Mailing Address

7231 RADIO ROAD #542  
NAPLES FL 34112

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

2. New Principal Office Address, If Applicable

5411 N. AIRPORT RD  
SUITE, Apt. #, etc.  
BEAR E PATCH CTR  
NAPLES, FL  
Zip 34109 Country U.S.A.

3. New Mailing Office Address, If Applicable

5411 N. AIRPORT RD  
SUITE, Apt. #, etc.  
BEAR E PATCH CTR  
NAPLES, FL  
Zip 34109 Country U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1996

5. FEI Number

59 3404478

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	RADNO, PETER SR.	7231 RADIO ROAD, #542	NAPLES FL 34112
D	RADNO, PETER JR.	7231 RADIO ROAD, #542	NAPLES FL 34112

**REINSTATEMENT '97**

8. Name and Address of Current Registered Agent

WOOD, DOUGLAS A  
SIESKY, PILON & WOOD  
1000 N. TAMiami TRAIL, SUITE 201  
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name SCC 11-6-97  
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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 941-598-2221  
Date Daytime Phone #