

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  
99 JAN 29 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000008596

1. Corporation Name

1230 AM BROADCASTING CORP.

Principal Place of Business

Mailing Address

2070 NO PALAFOX ST  
PENSACOLA FL 32501

2070 NO PALAFOX ST  
PENSACOLA FL 32501



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/23/1997

5. FEI Number

59-3483352

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)

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
D	GLINTER, MICHAEL B	2212 INVERNESS DRIVE	PENSACOLA FL 32503
D	GLINTER, DARA L	2212 INVERNESS DRIVE	PENSACOLA FL 32503

REINSTATEMENT 95-99 B 2/1/99

300002769673-8  
-02/09/99--01067--016  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

KIEVIT, KELLY & ODOM, P.A.  
13 WEST MAIN ST  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name MICHAEL GLINTER  
Street Address (P.O. Box Number is Not Acceptable) 2212 INVERNESS DR  
Suite, Apt. #, Etc.

City PENSACOLA

State FL

Zip Code 32503

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

Michael Glinter

REGISTERED AGENT MUST SIGN

Date

1/11/99

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:

Michael Glinter

MICHAEL GLINTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E040 (9/98)