

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -6 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096790

1. Corporation Name

FLAG RADIO, INC.

Principal Place of Business

520 Sandy Bluff Tr.
915 PINE TREE TERRACE
DELAND FL 32724

Mailing Address

520 Sandy Bluff Tr.
915 PINE TREE TERRACE
DELAND FL 32724



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

520 Sandy Bluff Tr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

520 Sandy Bluff Tr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1997

5. FEI Number

59-3479469

Applicable for

Not Applicable

City & State

DeLand, FL

City & State

DeLand, FL

Zip Country

32724-1017 USA

Zip Country

32724-1017 USA

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	4 City / State / Zip
D	HAWKINS, LYNN M	915 PINE TREE TERRACE 520 Sandy Bluff Tr.	DELAND FL 32724-1017
SD	SWEET, JEFFREY C	595 W GRANADA BLVD, SUITE A	ORMOND BECH FL 32174
D	KIEFER, JERRY E.	5119 SOUTH RIDGEWOOD AVE., #13	PORT ORANGE FL 32127
			000003478650--8 -11/28/00--01084--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HAWKINS, LYNN M
915 PINE TREE TERRACE
DELAND FL 32724

9. Name and Address of New Registered Agent

Name

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/1/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn M. Hawkins

Date

11/1/00

Daytime Phone #

(904) 736-6811