

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 15 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000004356**

1. Corporation Name

Capitol City Radio Partners, Inc.

2. Principal Office Address
Shulman, Jones & Co.

Suite, Apt. #, etc.

200 East Post Road

City & State

White Plains, NY

Zip

10601

Country

USA

3. Mailing Office Address

c/o Tax Stop

Suite, Apt. #, etc.

P.O. Box 6943

City & State

Warwick, RI

Zip

02887-6943

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida **01-14-98**

5. FEI Number
59-3488499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Salvina Amend-Gray
REGISTERED AGENT MUST SIGN

Date

3/14/2002

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
P/D	Michael E. Schwartz	485 Popsasquash Road	Bristol RI 02809
V/D	Henry Kestenbaum	1833 Halstead Blvd #602	Tallahassee FL 32308
S/D	Aaron Daniels	1095 Park Avenue	New York NY 10128
AS	Jerome E. Caplan	95 Montclair Drive	West Hartford CT 06107
T/D	Monte Lang	350 South Ocean Blvd.	Boca Raton FL 33432
D	Abe J. Moses	15 Bagburn	Monroe CT 06468

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael E. Schwartz 2/24/02

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**CONTINUOUS SHEET TO CORPORATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE**

9. Names and Street Addresses of Each Officer and/or Director [continuation]

D	Edward Argow	15758 Regalwoods Place	Sherman Oaks, CA 91403
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