

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 # S40123

1. Corporation Name

EMERALD COAST RADIO CORPORATION

Principal Place of Business

1008 AIRPORT RD
SUITE F
DESTIN FL 32541
US

Mailing Address

P.O. BOX 817
DESTIN FL 32540

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3068916

6. CERTIFICATE OF STATUS DESIRED ☐

03/21/1991

Applied For

Not Applicable

\$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 Number)
STD	BUTLER III, LESTER J.	207 NATURES TRAIL
PD	FULMER, TIM	207 NATURE'S TRAIL
D	ANDERSON, JAMES R	310 SOUTHLAKE CT

4. City / State / Zip

FT. WALTON BEACH FL 32548

FT WALTON BEACH FL 32548

NICEVILLE FL 32578

8. Name and Address of Current Registered Agent

HAUGHT, BRUCE A
501 HWY 98 SUITE G
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name David B. Pleat
Street Address (P.O. Box Number is Not Acceptable)
4477 Legendary Drive
Suite, Apt. #, Etc.
Suite 202
City Destin

State FL Zip Code 32541

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

REGISTERED AGENT MUST SIGN

Date: 3/23/91

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lester J. Butler, III

4/20/99

855.651 0599

Daytime Phone #

CR2E040 (9/98)