

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857710**

1. Corporation Name

SOUTHERN BROADCAST SERVICES, INC.

Principal Place of Business

80 COMMERCE DRIVE
SUITE B
PELHAM AL 35124
US

Mailing Address

~~80 COMMERCE DRIVE
SUITE B
PELHAM AL 35124
US~~
**P.O. Box 1648
Pelham, AL**

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



REINSTATEMENT 03

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

P.O. Box 1648

Pelham, AL

35124

4. Date Incorporated or Qualified To Do Business in Florida

09/12/1983

5. FEI Number

63-0645619

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	4 City / State / Zip
PD	COLEMAN, JIMMY WOOD	496 MILLER CIRCLE	PELHAM AL
SD	COLEMAN, BETTY ANN	496 MILLER CIRCLE	PELHAM AL
800024178408 10/27/03--01115--014 **150.00			

8. Name and Address of Current Registered Agent

**BALES, RICHARD OF KELLY, BLACK, BLACK & EA
RLE --1400 ALFORD DUPONT BUILDING
MIAMI FL 33131**

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

Betty Ann Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03 205-663-3709

Date

Daytime Phone #

CR2E040 (7/03)



SOUTHERN BROADCAST SERVICES

80 COMMERCE DRIVE, SUITE B - P.O. BOX 1648 - PELHAM, ALABAMA 35124
(205) 663-3709 - FAX (205) 663-7108

October 22, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Please accept our enclosed Application for Reinstatement and check # 18055 for \$150.00. Our mailing address has changed and we did not receive previous UBR notices.

We would appreciate your consideration in waiving any penalties.

Sincerely,

A handwritten signature in cursive script that reads 'Betty Ann Coleman'.

Betty Ann Coleman
Sec-Treasurer

Enclosure