

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 NOV 10 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000055535

1. Corporation Name

PLATINUM TELEVISION GROUP, INC.

Principal Place of Business

1000 EAST HILLSBORO BLVD
SUITE 105
DEERFIELD BEACH FL 33441

Mailing Address

1000 EAST HILLSBORO BLVD
SUITE 105
DEERFIELD BEACH FL 33441



REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/22/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0844814	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	SCOTT, DOUG	1000 EAST HILLSBORO BLVD SUITE 1	DEERFIELD BEACH FL 33441
D	BURTON, WALTER	1000 EAST HILLSBORO BLVD SUITE 1	DEERFIELD BEACH FL 33441

100024573971
11/10/03--01112--010 **750.00

8. Name and Address of Current Registered Agent

SCOTT, DOUG
1000 EAST HILLSBORO BLVD
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 Walter Burton Date 11/3/03
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: [Signature] Date 11/10/03 Daytime Phone # 8545701118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)