

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000003964		1. Corporation Name DOCKINS COMMUNICATIONS, INC.	
Principal Place of Business PO BOX 1487 PERRY FL 32348		Mailing Address PO BOX 1487 PERRY FL 32348	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		4. Date Incorporated or Qualified To Do Business in Florida 07/17/2000	
		5. FEI Number 43-1763187	
		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
PCD	DOCKINS, FRED	872 HWY 27 EAST	PERRY FL
S	PATTERSON, JERRY	404 PAM ST.	SIKESTON MO
			400004689914--8
			-11/20/01--01080--009
			****150.00 ****150.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DOCKINS, FRED 872 HWY 27 EAST PERRY FL 32347		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 REGISTERED AGENT MUST SIGN		Date	
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: 		10-2501 573-701-9590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 29 PM 1:00



CR2E040 (8/01)

# Dockins Communications, Inc.

KYLS-FM, KYLS-AM, WPRY-AM

540 S. Maple Valley Dr.

Farmington, MO

Phone-(573)701-9590 ~ Fax (573)701-9696

Good Morning,

Please find enclosed our application for reinstatement of our corporation. We have not received any annual reports that I understand we must fill out each year. I sincerely apologize for any inconvenience this may have caused.

Sincerely,



Fred Dockins

President

Dockins Communications, Inc.

KYLS-FM  
Farmington, MO

KYLS-AM  
Fredericktown, MO

WPRY-AM  
Perry, FL