

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000004237

1. Corporation Name

Word Broadcasting Network, Inc.

2. Principal Office Address - No P.O. Box #

6900 Billtown Road

Suite, Apt. #, etc.

City & State

Louisville, KY

Zip

40299

Country

USA

3. Mailing Office Address

6900 Billtown Road

Suite, Apt. #, etc.

City & State

Louisville, KY

Zip

40299

Country

USA

7. Name and Address of Current Registered Agent

Name

Patrick Archuleta

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

5900 Picketville Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32254

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

Patrick A. Archuleta Sr.

REGISTERED AGENT MUST SIGN

Date 11/18/2008

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 | Robert W. Rodgers | 6900 Billtown Rd | Louisville, KY 40299 |
| D | Margaret Rodgers | 6900 Billtown Rd | Louisville, KY 40299 |
| D | Rachel Rodgers | 6900 Billtown Rd | Louisville, KY 40299 |
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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 contained in Chapter 119, 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:

Robert W. Rodgers

ROBERT W. RODGERS

Date

12/5/08 502-231-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

09 MAR -2 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400140371504

01/12/09--01054--017 **122.50

REINSTATEMENT

CR2E081 (10/08)

5/14/07 90093 043 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/2003

5. FEI Number

31-1080069

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.