

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 NOV -4 AM 11:16

**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.

3. Mailing Office Address

6900 Billtown Road

Suite, Apt. #, etc.

City & State

Louisville, KY

City & State

Louisville, KY

Zip

40299

Country

USA

Zip

40299

Country

USA

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

\$6.75 Additional Fee required
 for a Certificate of Status

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 Archuleta Sr.

REGISTERED AGENT MUST SIGN

Date

Oct 25 2010

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 Road	Louisville, KY 40299
D	Margaret Rodgers	6900 Billtown Road	Louisville, KY 40299
D	Rachel Rodgers	6900 Billtown Road	Louisville, KY 40299

2011/6

10. E-mail Address: cheryl.stuart@wjie.org

(To be used for future annual report notification)

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. I further certify, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/10

Date

(502) 439-9448

Daytime Phone #