PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 FEB 12 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # F12000000263

1. Corporation Name

Apex Broadcasting, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2294 Clements Ferry Rd.		2294 Clements Ferry Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Charleston, SC		Charleston, SC	
Zip	Country	Zip	Country
29492	US	29492	US

4. Date Incorporated or Qualified To Do Business in Florida
01/19/2012

5. FEI Number
640928766
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

400256682174
02/13/14--01026--007 **150.00

400256682174
02/13/14--01001--013 **750.00

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 _____ Todd B. Proper Vice President and Assistant Secretary 2/10/14
REGISTERED AGENT MUST SIGN

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
PSD	G. Dean Pearce	2294 Clements Ferry Rd.	Charleston, SC 29492
TD	Voncile R. Pearce	2294 Clements Ferry Rd.	Charleston, SC 29492
C	Houston L. Pearce	2294 Clements Ferry Rd.	Charleston, SC 29492
	REINSTATEMENT		FEB 12 2014
			R. HUNT

10. **E-mail Address:** fccman3@shentel.net
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: G. Dean Pearce 01/14/14 843-972-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR G. Dean Pearce — Date — Daytime Phone #