FILED 1/82
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04-06

CR2E081 (12/05)

DOCUMENT # F93000002682

1. Corporation Name: NATIONAL MOBILE TELEVISION, INC.

2. Principal Office Address		3. Mailing Office Address	
2740 CALIFORNIA ST		2740 CALIFORNIA	
Suite, Apt. #, etc.: 8		Suite, Apt. #, etc.:	
City & State: TORRANCE, CA		City & State: TORRANCE, CA	
Zip: 90503	Country: USA	Zip: 90503	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: JAN 27, 1997

5. FEI Number: 91-1535065 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: RYAN HATCH
Street Address (P.O. Box Number is Not Acceptable): 555 N. JOHN YOUNG PARKWAY
Suite, Apt. #, Etc.: B
City: ORLANDO State: FL Zip Code: 32805

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: [signature] REGISTERED AGENT MUST SIGN Date: 2/22/06

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
CEO	MARK HOWORTH	2740 CALIFORNIA ST.	TORRANCE, CA 90503
CFO	SAL DIMATTEO	2740 CALIFORNIA ST.	TORRANCE, CA 90503

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: [signature] SAL DIMATTEO, CFO FEB 22, 2006 (310) 224-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

NATIONAL MOBILE TELEVISION, INC.

Certificate of Status	1
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