

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 APR - 8 PM 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002085

1. Corporation Name

Wireless Broadcasting Systems of  
Ft. Pierce, Inc.

2. Principal Office Address

6500 Sprint Parkway

Suite, Apt. #, etc.

MS: HL-5ASTX

City & State

Overland Park, KS

Zip

Country

66251-5777 USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/21/94

5. FEI Number

36-3942574

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

X *Connie Byrne*

Date X 4/8/02

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
D/AS	Michael T. Hyde	2330 Shawnee Mission Avue	Westwood, KS 66205
D/VP	Thomas A. Gerke	" "	" "
D/S	Laura L. Ozenberger	" "	" "
P	Len J. Lauer	" "	" "
VP/T	Gene M. Betts	" "	" "
A	Mark V. BeShears	6500 Sprint Parkway	Overland Park KS 66251

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 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:

*Mark BeShears*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark BeShears, A

4/5/02 (913) 315-5820  
Date Daytime Phone #

CR2E081 (9/01)