		PLEASE READ	ALL INST	RUCTIONS	BEFORE	COMPLET	ING THIS FOR	lM.	
* *************************************				A DEPARTME Sandra B. Mo Secretary of S IVISION OF CORPO	rtham State				
DOC	JMEN	r# F9600 0					99 JAN 29 AM 10: 16		
1 Phyporation Name BIBLE NEWS BROADCASTS, INC.						SECREMAN OF STATE TALLAMASSEE, FLORIDA			
DIDCL.	IILIIO I	BNOADOA313, 1	NO.						
Principal Place of Business Mailing Add				ess		1 (88)(84 1)	16 (61t) Sitti Shiji Shiji Shiji Shiji Shiji Sh	ille Shiel Biblik bhile lakki dili sake	
% ROBERT I. FLOM. CPA 55 CHURCH RD MORGANVILLE NJ 07751			% Robert I. Flom. CPA 55 Church RD Morganville NJ 07751						
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New M				iling Office Address, If Applicable 4. Date		4. Date Incorp	STATEBEENT (1) Incorporated or Cualified D Business in Florida		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numbe		09/26/1996 Applied For	
City & State			City & State				22-3462558	Not Applicable	
Zip		Country	Zip	Count	гу	6. CERTIFICATI	E OF STATUS DESIRED 🌠	\$8.75 Additional Fee require for a Certificate of Status	
7. Names a	ind Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit corpor	ations must list at I	least 3 directors)			
Title(s)	Name of Officers and/or Directors 3 (reet Address of Ea fficer and/or Direct e Post Office Box	or	City / State / Zip		
CP	WAGNER, JOHN			SE MEISON AVE, 12TH FLOOR . SE KEDDINGTON LOAD			NEW YORK NY 10021 LONDON NW3 748, UNITED KINED		
O- WAGNER, ADAM			665 MADISON AVE, 12TH FLOOR			NEW YORK NY 100	21		
√9 = 103H, 8H 1				856 MADISON AVE, 12TH FLOOR			-NEW YORK-NY-100	24 ()	
#	TIE- SLOW, ROBERT L			255 CHURCH RD			MORGANVILLE NJ-97751 .		
S	MARTELL, MICHAEL L ESQ			521 FIFTH AVE, SUITE 2200			NEW YORK NY 10175		
1							00002746 -02/04/33 ****758.	75 ****758.75	
	8. Nam	e and Address of Current	Registered Age	ent	Name	9. Name and	Address of New Registe	red Agent	
CORPORATION SERVICE COMPANY					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET					200002765442				
TALLAHASSEE FL 32301-2525					Suite, Apt. #, Etc02/04/3301104014 City ****150-33			GAL TEPRESISTS 0.00	
10. I, being Signature o Registered	ن ن	e registered agent of the abo	lete	oration, am familiar w ASS SENT MUST SIGN	A. U.P.	obligations of Sect	on 607.0505, F.S.	FL LZ-99	
		ration owes or ha Personal Propert			ar Yes 🗆	No 🔀		er side for information intangible tax.)	

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: