

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -2 AM 8:01

DOCUMENT # F98000005884

1. Corporation Name

JOY PUBLIC BROADCASTING CORPORATION

Principal Place of Business

835 S. BERTHE ST.
PANAMA CITY FL 32404

Mailing Address

1005 SW 10th St.
C/O BOUTHEIT & ASSOC CHTD Topeka, KS
5020 SW 24TH ST STE 102
TOPEKA KS 66614 66604-1103

600009312996
12/03/02--01031--005 **245.00



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1998

5. FEI Number

52-1222047

Applied For

Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BUSH, LOWELL M	341 S. WASHINGTON	LANCASTER WI 53813
CP	BUSH, JOYCE	341 S WASHINGTON	LANCASTER WI 53813
PD	ANGELL, EARL V	1211 ST LUKE DR STE 304	SPENCER IA 51301
D	MOORE, JON Borke, Jack	331 3RD AVE NW One University Plaza, Tower, Enc 606	EPHRATA WA 99929 Platteville, WI 53818
BT	BUSH, MARK Bush, Tom	4050 STERLING 211 Nell Court	DOWNERS GROVE IL 60515 Deerfield, IL 60015
D	McMahon, Rev. Jim CFO/D Adams, Rita	P.O. Box 655 7221 SW 24th Terrace	Cassville, WI 53806 Topeka, KS 66614

8. Name and Address of Current Registered Agent

JACOBS, MIKE
835 A BERTHE
PANAMA CITY FL 32404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Mike Jacobs
REGISTERED AGENT MUST SIGN

Date

11/25/02

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/02 785-633-4572

CR2E040 (8/02)