



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #103874		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 20 PM 12:48	
1. Corporation Name WXCV Broadcasting Company, Inc.			
Principal Place of Business Same As Mailing Address 112 North Orange Avenue Brooksville, FL 34601			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 5/16/84	
		5. FEI Number 59-2579617	Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres Dir	Robert Bruce Snow	112 North Orange Avenue	Brooksville, FL34601
VP Dir	Steve Manuel	200 North Avenue	Brooksville, FL 34601
Sec Dir	Barbara Manuel	200 North Avenue	Brooksville, FL 34601
Treas Dir	Cynthia Snow	112 North Orange Avenue	Brooksville, FL 34601
8. Name and Address of Current Registered Agent Same as		9. Name and Address of New Registered Agent	
Robert Bruce Snow 112 North Orange Avenue Brooksville, FL 34601		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 100003026561--4	
		City ***2228. State ***2228.75 FL	
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.			
Signature of Registered Agent 		Date 10/18/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on 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: 		Date 10/18/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Bruce Snow		Daytime Phone # (352) 796-1441	

CR2001 (12/98)