

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014118

1. Corporation Name

Treasure Coast Television, Inc

REINSTATEMENT 03-04

100031695121
04/01/04--01048--005 **758.75

2. Principal Office Address

2421 S.E. Dixie Hwy

3. Mailing Office Address

2421 S.E. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34996

Country

USA

Zip

34996

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb 7, 2002

5. FEI Number

260035721

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

Courtland T Korker

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

2421 S.E. Dixie Hwy

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

100031695121
05/05/04--01057--012 **150.00

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

CR UP

Date 3/24/04

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
Pres	Fred C. Korker	3066 S.E. Miracle lane	Port St. Lucie, FL 34952
VP	Courtland T. Korker	15967 N. 110th Ave	Jupiter, FL 33478
V.P. of Production	Michael Stankoski	104 Lomas Ct.	Port St. Lucie, FL 34952

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:

CR UP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 772-286-2245
Date Daytime Phone #

TR

CR2E081 (07/04)