

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 FEB -9 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P020000 24257

**1. Corporation Name**

DOMAR BROADCASTING COMPANY, INC.

**2. Principal Office Address**

567 Lewis Point Road Extension

**3. Mailing Office Address**

567 Lewis Point Road Extension

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip

32086

Country

USA

Zip

32086

Country

USA

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

03/04/2002

**5. FEI Number**

01-0748039

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

J. Stephen Alexander

Street Address (P.O. Box Number is Not Acceptable)  
19 Old Mission Avenue

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

900046901879

02/21/05--01010--018 \*\*1051.75

**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

*J. Stephen Alexander*  
REGISTERED AGENT MUST SIGN

Date

2-2-05

**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
DP	DOUGLAS D. SHULL	567 Lewis Point Road Extension	St. Augustine, Florida 32086
DV	MARILYN M. SHULL	567 Lewis Point Road Extension	St. Augustine, Florida 32086

**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:

*Douglas D. Shull*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)