

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 FEB -6 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000057525

1. Corporation Name

KSJ Communications, Inc.

2. Principal Office Address - Not P.O. Box #

7121 Grand National Drive

Suite, Apt. #, etc.

107

City & State

Orlando, Florida

Zip

32819

Country

Orange

3. Mailing Office Address

7121 Grand National Drive

Suite, Apt. #, etc.

107

City & State

Orlando, Florida

Zip

32819

Country

Orange

7. Name and Address of Current Registered Agent

Name

Janet A. DeChristopher

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

8035 Bayside View Drive

Suite, Apt. #, Etc.

City

Orlando, Florida

State

FL

Zip Code

32819

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

Janet A. DeChristopher

REGISTERED AGENT MUST SIGN

Date 01/29/2008

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
P	Janet A. DeChristopher	8035 Bayside View Drive	Orlando, Florida 32819

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 contained in Chapter 119, 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:

Janet A. DeChristopher Janet A. DeChristopher

01/29/2008

407-352-6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/08

300117248683
02/06/08--01014--013 **1058.75
REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/04

5. FEI Number
20-1193116

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.