

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P32310*

1. Corporation Name

FAMILY STATIONS, INC.

2. Principal Office Address

290 HEGENBERGER ROAD

Suite, Apt. #, etc.

OAKLAND

City & State

OAKLAND, CA

Zip

94621

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

000061626300

11/22/05--01055--006 \*\*236.25

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/22/1958

5. FEI Number

94-1442453

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

HAROLD CAMPING

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

10400 N.W. 240th Street

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

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

*Harold Camping*

REGISTERED AGENT MUST SIGN

Date

11/15/05

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
P	HAROLD CAMPING	3016 GIBBONS DRIVE	ALAMEDA, CA 94501
S/T	RICHARD VAN DYK	2485 SAND CHERRY DR.	KENTWOOD, MI DECEASED
ASST. S/T	WILLIAM THORNTON	2216 PACIFIC AVE.	ALAMEDA, CA 94501
M	DAVID HOFF	3374 WASHINGTON CT	ALAMEDA, CA 94501

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:

*Harold Camping*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/05

Daytime Phone #

HAROLD CAMPING 510-568-6200