

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # *P32310***1. Corporation Name**

FAMILY STATIONS, INC.

FILED

2006 DEC 28 AM 10:20

10/11/06
12/11/06
TALLAHASSEE, FLORIDA
01000-1004
11:50:00*B 12/29/06*
REINSTATEMENT *06*

CR2E081 (12/05)

2. Principal Office Address

290 HEGENBERGER ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

OAKLAND, CA

City & State**ZIP**

94621

Country

U.S.

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

05/22/1958

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)

SAME AS ABOVE c/o DAN ELYEA WYER

Suite, Apt. #, Etc.

10400 NW 240TH ST

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

12/4/06

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
PRESEIDE	HAROLD CAMPING	3016 GIBBONS DRIVE	ALAMEDA, CA 94501
SEC. TREAS.	WILLIAM THORNTON	2216 PACIFIC AVE	ALAMEDA, CA 94501
MGR. INTL.	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 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:

HAROLD CAMPING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/06 PRESIDENT

510-568-6200

Daytime Phone #