PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996

FILED
96 DEC 10 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MWB
12/10/96

DOCUMENT # P93000024052

1. Corporation Name
Miami Entertainment Television Inc.

Principal Place of Business	Mailing Address
28 High Point Drive Gulf Breeze, Fla. 32561	same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/29/93

5. FEI Number: 65 040 7495 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Bill Beasley	5205 Saratoga Ln.	Arlington, TX 76017
V. Pres	T. M. Lakos	1120 Beacon Pkwy E. Suite 211	Birmingham Ala
Director	Kirk Beasley	7926 Coventry Ct.	Evansville, Indiana 47714

300002025693--6
-12/11/96--01025--020
****350.00 ****350.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
(WP) Bill Beasley ~~5205 Saratoga Ln~~ ~~Arlington, TX 76017~~ 28 High Point Drive Gulf Breeze FL 32561	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 300002025693--6 -12/11/96--01025--021 City ****29.00 FL ****25.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: William Beasley — Date: 11-19-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: William Beasley — 11-19-96 — 817-572-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)