PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 13 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024656

1. Corporation Name

T & P T.V., INC

Principal Place of Business
474 B Hwy 441 S
Alachua FLA 32615

Mailing Address
P.O. BOX 1415
Alachua FLA 32616

REINSTATEMENT 94-96

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 3/30/93

5. FEI Number 59-3173931 — 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
P/D	Roy Nicky Peacock	P.O. BOX 1172 732 SW Poe Springs Rd	High Springs FLA 32655
S/D	Kenneth Dwayne Thomas	615 SW Glendale Ave / P.O. Box 2517 High Springs Fl 32643 / High Springs Fl. 32655	
			900002033579--1 -12/19/96--01035--002 ****775.00 ****775.00
			B 12-16-96

8. Name and Address of Current Registered Agent

J Quinton Rumph
3100 University Blvd S.
Suite 101
Jacksonville FL 32216

9. Name and Address of New Registered Agent

Name: Kenneth Dwayne Thomas
Street Address (P.O. Box Number is Not Acceptable): 615 SW Glendale AVE
Suite, Apt. #, Etc.:
City: High Springs | State: FL | Zip Code: 32655

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: Kenneth Dwayne Thomas
REGISTERED AGENT MUST SIGN

Date: 12/10/96

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: Roy Nicky Peacock Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/10/96

Daytime Phone #: 904-462-3795

CR2E040 (12/95)