

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP -5 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

993000036721

1. Corporation Name

TWIN TOWERS BROADCASTING

000007633750--0

-09/10/02--01042--025

***1050.00 ***1050.00

REINSTATEMENT 00-02

2. Principal Office Address

1800 TURTLE MOUND RD.

3. Mailing Office Address

SAME AS # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32934

Country

USA

Zip

32934

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-1-93

5. FEI Number

65-0426202

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN E. HARPER

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

1800 TURTLE MOUND ROAD

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32934

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

John E. Harper

Date

9-3-02

REGISTERED AGENT MUST SIGN

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
PRES.	JOHN E. HARPER	1800 TURTLE MOUND ROAD	MELBOURNE, FL 32934

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:

John E. Harper

WITNESSE ME 9/3/02

321 2542282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)

9/3/02