
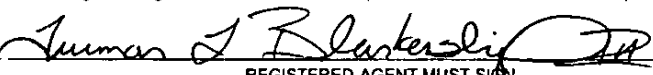
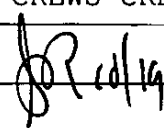



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <b>CORPORATION<br/>REINSTATEMENT</b>   |                                   |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                       | <b>FILED</b><br><br><b>05 OCT 14 PM 4:18</b><br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                          |
|--|-----------------------------------|--|-----------------------|--|--------------------------|
| <b>DOCUMENT # P93000069246</b>   |                                   |  |                       |  |                          |
| <b>1. Corporation Name</b><br><br><b>WRBX &amp; WTNL, INC.</b>   |                                   |  |                       |  |                          |
| <b>2. Principal Office Address</b><br>125 FRIAR TUCK CIRCLE<br>Suite, Apt. #, etc.   |                                   | <b>3. Mailing Office Address</b><br>P. O. BOX 69<br>Suite, Apt. #, etc.  |                       | 300060627953<br>10/14/05--01055--009 **1500.00   |                          |
| <b>City &amp; State</b><br>REIDSVILLE, GA  |                                   | <b>City &amp; State</b><br>REIDSVILLE, GA  |                       |  |                          |
| <b>Zip</b><br>30453  | <b>Country</b><br>USA             | <b>Zip</b><br>30453  | <b>Country</b><br>USA |  |                          |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br>09/29/1993   |                                   | <b>5. FEI Number</b><br>58-2070616   |                       |  |                          |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>   |                                   |  |                       | <b>\$8.75 Additional Fee required for a Certificate of Status</b>                              |                          |
| <b>7. Name and Address of Current Registered Agent</b>   |                                   |  |                       |  |                          |
| <b>Name</b><br>TRUMAN BLANKENSHIP III  |                                   |  |                       |  |                          |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>96100 CESSNA DRIVE  |                                   |  |                       |  |                          |
| <b>Suite, Apt. #, Etc.</b>   |                                   |  |                       |  |                          |
| <b>City</b><br>YULEE   |                                   |  |                       | <b>State</b><br>FL   | <b>Zip Code</b><br>32097 |
| <b>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.</b>  |                                   |  |                       |  |                          |
| <b>Signature of Registered Agent</b>   |                                   |   |                       | <b>Date</b> 10/11/05   |                          |
| REGISTERED AGENT MUST SIGN   |                                   |  |                       |  |                          |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>   |                                   |  |                       |  |                          |
| Titles   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director   | City / State / Zip    |  |                          |
| P  | TRUMAN BLANKENSHIP III            | 96100 CESSNA DRIVE   | YULEE, FL 32097       |  |                          |
| V/D  | ROBERT MOUGHTON                   | 96725 BLACKROCK ROAD   | YULEE, FL 32097       |  |                          |
| S/D  | WILLY JONES                       | 96731 BLACKROCK ROAD   | YULEE, FL 32097       |  |                          |
| T/D  | DANNY BRYANT                      | 3679 CREWS CREEK ROAD  | YULEE, FL 32097       |  |                          |
|  |                                   |   |                       |  |                          |
|  |                                   |  |                       |  |                          |
| <b>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.</b> |                                   |  |                       |  |                          |
| <b>SIGNATURE:</b>  |                                   |   |                       | <b>TRUMAN BLANKENSHIP III</b>  |                          |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>  |                                   | <b>Date</b> 10/11/05   |                       | <b>Daytime Phone #</b> 904-261-7841  |                          |