

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPROVED  
AND  
FILED**

1996 SEP 19 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800001865098  
-10/04/96--01049--009



**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **P94000053908**

1. Corporation Name  
**BARRINGTON COMMUNICATIONS, INC.**

Principal Place of Business	Mailing Address
<b>5497 NW 105TH CT MIAMI FL 33178 US</b>	<b>5497 NW 105TH CT MIAMI FL 33178 US</b>

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	<b>07/18/1994</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	<b>65-0532679</b>
City & State	City & State	Applied For	<input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>CTO</b>	<b>DOWNES, TIMOTHY</b>	<b>5497 NW 105TH CT</b>	<b>MIAMI FL</b>

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<b>DOWNES, TIMOTHY 5497 NW 105TH CT MIAMI FL 33178</b>	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>

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: Date: **9/16/96**

**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 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: **TIMOTHY DOWNES, CTO** 9/16/96 305/591-1829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #