

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -2 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000026817**

1. Corporation Name

WSFL-TV, INC.

2. Principal Office Address

2060 N.E. 54th CT

Suite, Apt. #, etc.

3. Mailing Office Address

2060 N.E. 54th CT.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1995

5. FEI Number

56-2471132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES E. TRAINER III

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

2060 N.E. 54th CT

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33308

200040224168

08/16/04--01080--006 **1950.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **07/28/04**

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
	JAMES E. TRAINER III	2060 N.E. 54th CT	FORT LAUDERDALE FL 33308

REINSTATEMENT 96-04

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.

954.673.8090

SIGNATURE:

[Signature]

JAMES E. TRAINER III

07/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James E. Trainer, WSFL-TV, Inc.

DT: August 10, 2004
To: Department Of State
FR: James Trainer
RE: Title & Address

Please be advised that the president of WSFL-TV, Inc. is:

James E. Trainer, III

The address for James Trainer is:

2060 N. E. 54th Court
Fort Lauderdale, FL 33308

Sincerely,



James E. Trainer, III
President, WSFL-TV, Inc.