

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073615

1. Corporation Name

BINGO TV, INC.

2. Principal Office Address

700 E. MAIN ST.

Suite, Apt. #, etc.

STE. 1622

City & State

RICHMOND, VIRGINIA

Zip

23219

Country

3. Mailing Office Address

700 E. MAIN ST.

Suite, Apt. #, etc.

STE. 1622

City & State

RICHMOND, VIRGINIA

Zip

23219

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

SEPT. 1995

5. FEI Number

02-0608946

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

HOWARD MARKS, C/O GRAHAM BUILDER JONES PRATT & MARKS, LLP

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

369 N. NW YORK AVE.

Suite, Apt. #, Etc.

3RD FLOOR

City

WINTER PARK

State
FL

Zip Code
32789

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

REGISTERED AGENT MUST SIGN

Date

12/12/03

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
CEO, C	STEPHEN SCHRIEBERG	2956 HATHAWAY ROAD	RICHMOND, VA 23225
P, S, T, D	STEPHEN SCHRIEBERG	2956 HATHAWAY ROAD	RICHMOND, VA 23225

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:

Stephen Schriberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 11, 2003
Date

(804) 918-1646
Daytime Phone #

CR2E081 (10/02)