PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 SEP 20 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97000010221

1. Corporation Name

Down Home Television, Inc.
201 N Kirkman Rd.
Orlando , Fl. 32811-1101

REINSTATEMENT 2001-2002
06/29/01 90004.047 A150.

2. Principal Office Address		**3.** Mailing Office Address	
-SAME AS ABOVE-		-SAME AS ABOVE-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32811-1101	Country Orange	Zip 32811-1101	Country Orange

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3436254 ☐ 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: Michael W. McDaniel

Street Address (P.O. Box Number is Not Acceptable): 3974 South Lake Orlando Pkwy.

300007893063--4
-09/20/02--01065--001
****758.75 ****758.75

Suite, Apt. #, Etc.

City: Orlando | State: FL | Zip Code: 32808

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: Michael W McDaniel
REGISTERED AGENT MUST SIGN

Date: July 27, 2002

CR2E081 (9/01)

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
P/D/S	Michael W. McDaniel	3974 S. Lk. Orl. Pkwy.	Orlando , Fl.32808

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.

Michael W. McDaniel , Pres. / Dir.

SIGNATURE: Michael W McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/02
Date

407-415-8088
Daytime Phone #