PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000 0 10221

100029814531
04/29/04--01013--012 **150.00

1. Corporation Name

Down Home Television, Inc.

2. Principal Office Address	**3.** Mailing Office Address
3974 S. Lake Orlando Parkway	3974 S. Lake Orlando Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 1/31/97

5. FEI Number 593436254 — Applied For / Not Applicable

6.

7. Name and Address of Current Registered Agent

100029814531
03/03/04--01049--008 **750.00

Name: Len Aronoff, Esq.

Street Address (P.O. Box Number is Not Acceptable): 2110 Fredrica Drive

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32812

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: Len Aronoff — REGISTERED AGENT MUST SIGN — Date: 2/25/04

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
P/S/D	Michael McDaniel	3974 South Lake Orlando Parkway	Orlando, Fl., 32808
D	Len Aronoff, Esq.	2110 Fredrica Drive	Orlando, Fl. 32812

REINSTATEMENT 03-04

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.

SIGNATURE: Len Aronoff — 2/25/04 — 407-277-4565

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