PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 14 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028420

1. Corporation Name

220 MHZ BIDDING CONSORTIUM, INC.

2. Principal Office Address	3. Mailing Office Address
3700 AIRPORT ROAD	3700 AIRPORT ROAD
Suite, Apt. #, etc. 410	Suite, Apt. #, etc. 410
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431 Country U.S.A.	Zip 33431 Country U.S.A.

04/25/03 90242 018 $ 158.75
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 07/21/1999

5. FEI Number 65-0933204 ☐ 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: ALBERT KOENIGSBERG

Street Address (P.O. Box Number is Not Acceptable): 3700 AIRPORT ROAD

Suite, Apt. #, Etc.: SUITE ~~106~~ 410

City: BOCA RATON State: FL Zip Code: 33431

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 _____ Date 12 July 2006
REGISTERED AGENT MUST SIGN

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
D	MR. ALBERT KOENIGSBERG	3700 AIRPORT ROAD, STE ~~106~~ 410	BOCA RATON, FL 33431
	7/7/19	900077921415 07/21/06--01004--008 **900.00	

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 contained in Chapter 119, 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: _____ ALBERT KOENIGSBERG 12 July 2006 561 3479215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #