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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		05 SEP 23 AM 1:05 REINSTATEMENT	
<b>DOCUMENT #</b> P 99 0000 76 578					
<b>1. Corporation Name</b> BROAD REACH TELEVISION, INC.					
<b>2. Principal Office Address</b> 502 SHORE DR. W. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> SAME Suite, Apt. #, etc.		<b>REINSTATEMENT</b> 1-05	
<b>City &amp; State</b> OLDSMAR, FL		<b>City &amp; State</b>			
<b>Zip</b> 34677	<b>Country</b> U.S.	<b>Zip</b>	<b>Country</b>		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8-23-99		<b>5. FEI Number</b> 59-3604310			
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> WILLIAM T. LEOBOLD					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 502 SHORE DRIVE WEST					
<b>Suite, Apt. #, Etc.</b>					
<b>City</b> OLDSMAR				<b>State</b> FL	<b>Zip Code</b> 34677
<b>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.</b>					
<b>Signature of Registered Agent</b>		<b>REGISTERED AGENT MUST SIGN</b>		<b>Date</b>	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>		
P	WILLIAM T. LEOBOLD	502 SHORE DR. W.	OLDSMAR, FL 34677		
			400059900944 09/23/05--01042--019 **750.00		
<b>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.</b>					
<b>SIGNATURE:</b>		9-15-05		813 855 7415	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (01/05)

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BROAD REACH TELEVISION, INC.  
502 Shore Drive West  
Oldsmar, FL 34677

August 22, 2005

Florida Department of State  
Division of Corporations  
Reinstatement Division  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

According to a phone call made to your office on Friday, August 19, 2005, the fee to reinstate our corporation is \$750.00 (excluding penalties). Please find a check for that amount enclosed.

We are requesting that any penalty for non-filing of the annual report be waived. We moved once in 2001 and again in 2004 and never received a notice to file the annual report. We were unaware of such a requirement until recently.

Thank you for your consideration.

Sincerely,

BROAD REACH TELEVISION, INC.

A handwritten signature in black ink, appearing to read "W. Leobold", with a small circular mark below it.

William T. Leobold, President