PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -4 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 25623

1. Corporation Name
SAN JOSE TELEVISION, INC.

2. Principal Office Address
4235 SUNBEAM RD
Suite, Apt. #, etc.
City & State
JACKSONVILLE, FL
Zip 32257 Country DUVAL

3. Mailing Office Address
4235 SUNBEAM RD
Suite, Apt. #, etc.
City & State
JACKSONVILLE, FL
Zip 32257 Country DUVAL

REINSTATEMENT ~~00-05~~

4. Date Incorporated or Qualified To Do Business in Florida 3/30/1992

5. FEI Number 59-3120523 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 BRYAN S. HARRELL

Street Address (P.O. Box Number is Not Acceptable) 3023 ADDIE LANE

400043957904
01/04/05--01045--007 **150.00

Suite, Apt. #, Etc.

City JACKSONVILLE State FL Zip Code 32223

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 Bryan S Harrell Date 1-3-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/D	BRYAN S. HARRELL	4235 SUNBEAM RD.	JACKSONVILLE, FL 32257
VP	LESTER F. ROBINSON	4235 SUNBEAM RD.	JACKSONVILLE, FL 32257
SEC	JOYCE HARRELL	4235 SUNBEAM RD.	JACKSONVILLE, FL 32257
D	CHRISTOPHER HARRELL	4235 SUNBEAM RD.	JACKSONVILLE, FL 32257

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01/04/05--01045--006 **1350.00

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 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: Bryan S Harrell 1-3-05 904-733-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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