

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC 13 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P32310

1. Corporation Name

FAMILY STATIONS, INC.

2. Principal Office Address

290 HEGENBERGER ROAD

3. Mailing Office Address

290 HEGENBERGER ROAD

REINSTATEMENT 04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 5/22/1958

City & State

OAKLAND, CA

City & State

OAKLAND, CA

5. FEI Number

94-1442453

Applied For

Not Applicable

Zip

94621

Country

Zip

94621

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HAROLD CAMPING

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

WYFR, 10400 NW 240TH ST

Suite, Apt. #, Etc.

City

OKEECHOBEE

State

FL

Zip Code

34972

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

*Harold Camping*  
REGISTERED AGENT MUST SIGN

Date

12/9/04

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	HAROLD CAMPING	3016 GIBBONS DRIVE	ALAMEDA, CA 94501
S/T	RICHARD VAN DYK	2485 SAND CHERRY DRIVE	KENTWOOD, MI 49512
ASST. S/T	WILLIAM THORNTON	2216 PACIFIC AVENUE	ALAMEDA, CA 94501
DIR	DAVID HOFF	3374 WASHINGTON CT	ALAMEDA, CA 94501
			900042865319 11/18/04--01031--004 **236.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Harold Camping*

Date

11/15/04

Daytime Phone #

510-568-6200

CR2E001 (8/01)