

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 22 AM 11:50

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P32310*

1. Corporation Name

FAMILY STATIONS, INC.

2. Principal Office Address

290 HEGENBERGER ROAD

Suite, Apt. #, etc.

City & State

OAKLAND, CA

Zip

94621

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

000061626300
11/22/05--01055--006 **236.25

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/1958

5. FEI Number

94-1442453

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

HAROLD CAMPING

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

10400 N.W. 240th Street

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

11/15/05

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 DR.	KENTWOOD, MI DECEASED
ASST. S/T	WILLIAM THORNTON	2216 PACIFIC AVE.	ALAMEDA, CA 94501
M	DAVID HOFF	3374 WASHINGTON CT	ALAMEDA, CA 94501

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:

Harold Camping
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/05
HAROLD CAMPING

510-568-6200