PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State.

DIVISION OF CORPORATIONS

N01000001510 DOCUMENT

1. Corporation Name

THE MARANATHA BIBLE COLLEGE, INC.

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Princips	Place of	Business
THICIPO	i i iace o	Dusiliess

Mailing Address

1108 NORTHWEST 1ST AVE FT LAUDERDALE FL 33311

1108 NORTHWEST 1ST AVE ET LAUDERDALE EL 33311

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If above addresses are incorrect in any way, line thro	ough incorrect information and enter correction below.	04-30-03 90037 014 \$61.25			
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida 03/01/2001			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 20 - 135 3498 Applied For			
City & State	City & State	Not Applicable			
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			

Zip		Country	Zip		Country	CERTIFICATE (of STATUS DESIRED for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonprofi	t corporations must list at least	t 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	
D	SAINT JEAN, DIEUSEUL			770 NORTHWEST 37TH STREET			OAKLAND PARK FL 33309	
D	SAINT JEAN, GINETTE			770 NORTHWEST 37TH STREET			OAKLAND PARK FL 33309	
D	DEROSENEY, ENOCH			6524 SOUTHWEST 8TH PLACE			NORTH LAUDERDALE FL 33068	
·			05/70			00035256203 V0401048013 **236.25		
Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
CAINT HEAM DISUSELII					Name.		,	
SAINT JEAN, DIEUSEUL			Street Address (P.C.)	Street Address (P.O. Box Number is Not Acceptable)				

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

770 NORTHEAST 37TH STREET

OAKLAND PARK-FL-33309

REGISTERED AGENT MUST SIGN

State

Zip Code

11. 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 filling 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.

-Suite, Apt. #, Etc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 954-588-5082 Date Daytime Phone #