

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 21 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008681

1. Corporation Name

ST. AUGUSTINE BIBLE INSTITUTE & COLLEGE, INC.

Principal Place of Business

132 OVIEDO STREET
ST. AUGUSTINE FL 32084

Mailing Address

132 OVIEDO STREET
ST. AUGUSTINE FL 32084

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2001

5. FEI Number

01-0582407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FISCHE, JOHN	132 OVIEDO STREET	ST. AUGUSTINE FL 32084
D	BRAIN, DAVID	132 OVIEDO STREET	ST. AUGUSTINE FL 32084
D	SEROKA, ELIZABETH	132 OVIEDO STREET	ST. AUGUSTINE FL 32084
D	MILLER, WALTER	132 OVIEDO STREET	ST. AUGUSTINE FL 32084

300009153863
11/21/02 01092-002 **61.25

8. Name and Address of Current Registered Agent

BROWN, RONALD W
66 CUNA STREET
SUITE A
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/19/02

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 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 REQUIRED
JOHN FISCHE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-02

Date

(904) 794-1980

Daytime Phone #

CR2E040 (8/02)

St. Augustine Bible Institute & College
132 Oviedo Street
St. Augustine, Florida 32084

November 12, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Our non-profit corporation was established on December 12, 2001. As a new Florida corporation, we were not aware of the annual filing requirement. Now that we are aware of this filing requirement, we have placed it on our calendar for 2003.

The purpose of this letter is to inform you that we did not receive any filing notices or forms prior to receiving the Notice of Administrative Dissolution or Revocation. We are requesting that the reinstatement fee be waived.

Enclosed are the Application for Reinstatement and our check for the regular non-profit corporation filing fee in the amount of \$61.25.

We apologize for this oversight and any inconvenience that this may have caused your department. We thank you in advance for your consideration and waiver of the penalty fee that could have been assessed. In the future, the required filing will be made on a timely basis.

Sincerely,


John Fischle
President

enclosures