

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 21 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000008436	
1. Entity Name PRETERIST THEOLOGICAL INSTITUTE, INC.	



Principal Place of Business 6400 MOCKINGBIRD WAY SOUTH ST. PETERSBURG, FL 33707	Mailing Address 6400 MOCKINGBIRD WAY SOUTH ST. PETERSBURG, FL 33707
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2. Principal Place of Business 1724 POWDER RIDGE DR Suite, Apt. #, etc. VALRICO, FL City & State	3. Mailing Address 1724 POWDER RIDGE DR. Suite, Apt. #, etc. VALRICO, FL City & State
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REINSTATEMENT

REINSTATEMENT R2E099 (6/04)

04-05

Zip 33594	Country US	Zip 33594	Country US
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4. FEI Number 05-0587657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRACE, MICHAEL 6400 MOCKINGBIRD WAY SOUTH ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent Name: Samuel M. Frost Street Address (P.O. Box Number is Not Acceptable) 1724 POWDER RIDGE DR. VALRICO, FL City: VALRICO, FL Zip Code: 33594

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE: 2/28/05
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FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 2/28/05 Date
813-654-3517 Daytime Phone #