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	Mailing Address
6400 MOCKINGBIRD WAY SOUTH ST. PETERSBURG, FL 33707	6400 MOCKINGBIRD WAY SOUTH ST. PETERSBURG, FL 33707

REINSTATEMENT 2005 REIN-NP GR2E099 (6/04) 04-05

2. Principal Place of Business	3. Mailing Address
1724 POWDER RIDGE DR	1724 POWDER RIDGE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
VALRICO, FL	VALRICO, FL
City & State	City & State
Zip 33594 Country US	Zip 33594 Country US

4. FEI Number
05-058765-7 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRACE, MICHAEL 6400 MOCKINGBIRD WAY SOUTH ST. PETERSBURG, FL 33707	Name: Samuel M. Frost Street Address (P.O. Box Number is Not Acceptable): 1724 POWDER RIDGE DR. VALRICO, FL City: 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: S M F 2/28/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Samuel M. Frost President 1724 Powder Ridge Dr. Valrico FL 33594 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mike Grace Vice Pres. 6400 Mockingbird Way South St. Petersburg, FL 33707 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jason Brodfield 745 117th Terrace N #1 St. Petersburg, FL 33716 Director ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bill Noggle 3359-A 37th Way S St. Petersburg, FL 33711 Treasurer ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ann Marie Frost 1724 Powder Ridge Dr. Valrico, FL 33594 Director ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100049556381 03/31/05--01004--021 **306.25 ☐ Change ☐ 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: S M F 2/28/05 813-654-3517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #