

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

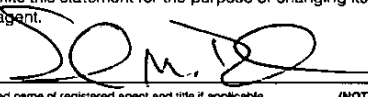
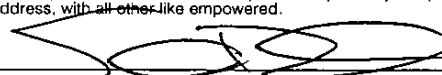
FILED

05 MAR 21 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005 REIN-099 (6/04) 04-05

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		
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		4. FEI Number 05-0587657	
Zip 33594		Country US		5. Certificate of Status Desired ☒ \$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 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 				DATE 2/28/05	
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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.			100049556381 03/31/05--01004--021 ***06.25		
SIGNATURE: 			DATE 2/28/05 813-654-3517		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		