


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> <b>FILED</b>          04 MAR 24 AM 10:35          SECRETARY OF STATE          TALLAHASSEE, FLORIDA       </div>	
<b>DOCUMENT # N41669</b> 1. Corporation Name <b>OPEN BIBLE CHURCH, INC.</b>					
Principal Place of Business		Mailing Address			
1200 30TH AVE. NORTH ST. PETERSBURG FL 33704		1200 30TH AVE. NORTH ST. PETERSBURG FL 33704			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt., etc.		Suite, Apt., etc.		01/15/1991	
City & State		City & State		5. FEI Number	
				59-0791036	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
CD	<del>EARLIER, GEORGE I.</del> <b>CASTRO, Alfred</b>	<del>1014 1ST STREET NORTH</del> <b>2805 Clover Dew CT</b>	<del>ST. PETERSBURG FL</del> <b>Valrico, FL</b>	33594	
<del>PD</del> <b>D</b>	<del>HARPER, DELBERT</del> <b>Sonn, Roy G.</b>	<del>8162 Terrace Gardens DR</del> <b>8162 Terrace Gardens DR</b>	<del>ST. PETERSBURG FL 33703</del> <b>ST. PETERSBURG, FL</b>	33709-3370	
<del>VD</del> <b>D</b>	<del>FAUNCE, DAVID</del> <b>Rodriguez Wanetta</b>	<del>881 73RD AVE N #1</del> <b>2411 - 49th St North</b>	<del>ST. PETERSBURG FL 33703</del> <b>ST. Petersburg, FL</b>	33710	
<del>SD</del> <b>D</b>	<del>CANNON, EMORY</del> <b>Peters, Wilma</b>	<del>1300 51ST AVE N</del> <b>7018 - 65th way N.</b>	<del>SAINT PETERSBURG FL 33703</del> <b>Pineellas Park, FL</b>	33782	
<del>TD</del>	<del>WRELAND, RICHARD</del>	<b>4140 COUNTY RD #16</b>	<b>ST. PETERSBURG FL 33703</b>		
8. Name and Address of Current Registered Agent					
9. Name and Address of New Registered Agent					
<b>EARLIER, GEORGE I.</b> <b>1014 1ST STREET NORTH</b> <del>SUITE 1</del> <b>ST. PETERSBURG FL 33704</b>			Name <b>Alfred O. Castro</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2805 Clover Dew CT</b>		
			Suite, Apt. #, Etc.		
			City <b>Valrico</b> State <b>FL</b> Zip Code <b>33594</b>		
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  REGISTERED AGENT MUST SIGN			900031057249 03/24/04--01019--011 **297.50 Date <b>3/18/04</b>		
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: 			727- 3-18-04/547-0575 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (7/03)