

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATIO REINSTATEME		Secr	PARTMENT OF STATE retary of State of Corporations		FILED 05 NOV 15 PH 5- 40
DOCUMENT# 09300001284  1. Corporation Name  Cornerstone Theological				SECRETARY OF STATE PALLAHASSEE, FLORIDA	
University					
1015 Atlantic Blud.		3. Mailing Office Address  1015 Atlantic Blvd.  Suite, Apt. #, etc.		REINSTATEMENT _44-05	
Ste 291		Sta. 291		4. Date Incorporated or Qualified To Do Business in Florida	
Jacksonville, FL		City & State  Tackson Ville, FL		5. FEI Number	
∠ip	Country DuVal	3223	Country	6.	OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name Sharon Gildart					
Street Address (P.O. Box Number is Not Acceptable)					
Suité, Apt. #, Etc. Rose bud Row				<del></del>	
City Zephyrhills					State Zip Code FL 3354/
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent Sharow M. Hildcart REGISTERED AGENT MUST SIGN					Date 11-9-85
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	/	Street Address of Each Officer and/or Director		City / State / Zip
President Alston W. Oliver		Ver	106 oak st.		Milford, ME 04461
Treasurer Theresa F. Oliver			106 Oak St.		Milford , ME 04461
Director B	tor Byron Lyous		15 Pine St.		Fredericton, NB, CA E38-SE3
Director P	tor Ruth Sawler		37 Clark St.		Hartland, NB, CA ETP-113
Director 51	tor Shuron Gildert		34605 Rosebul Row		Zephyrhills, FL 33541
800061430048 11/15/05 81015 805 #811.19					
10. I certify that I am an off	ficer or director or the recei	ver or trustee empow	vered to execute this application as a	provided for in chai	pter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## CORNERSTONE THEOLOGICAL UNIVERSITY 1015 ATLANTIC BOULEVARD, SUITE 291 JACKSONVILLE, FL 32233

November 5, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

To Whom It May Concern:

You will please find enclosed the completed application form and a reinstatement fee of \$603.74 and a fee of \$8.75 for a certificate of status—a money order for a total of **§611.49.** I was informed by a department staff member during a telephone conversation (10/17/05) that the Non-Profit Corporation (Cornerstone Theological University) was dissolved (9/24/99). Please reinstate Cornerstone Theological University as a functioning corporation and send certificate of status to the above address. Thank you for attending to the matter.

Sincerely, Alton W. Thues

Alston W. Oliver, Ph.D.

President