

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001284**

1. Corporation Name

CORNERSTONE THEOLOGICAL UNIVERSITY

2. Principal Office Address

1015 ATLANTIC BLVD.

Suite, Apt. #, etc.

291

City & State

JACKSONVILLE, FL

Zip

32233

Country

DUVAL

3. Mailing Office Address

1015 ATLANTIC BLVD.

Suite, Apt. #, etc.

29

City & State

JACKSONVILLE, FL

Zip

32233

Country

DUVAL

REINSTATEMENT

FILED

07 APR -9 PM 3: 08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

06-07

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mrs. Sharon Gildart

Street Address (P.O. Box Number is Not Acceptable)

34605 Rosebud Row

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33541

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

Sharon M. Gildart

REGISTERED AGENT MUST SIGN

Date

4-5-07

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
P	Oliver, Alston	106 Oak St.	Milford, ME 04461
S/T	Oliver, Theresa	106 Oak St.	Milford, ME 04461
D	Lyons, Byron	15 Pine Crest	Frederickton, NB CA E38-523
D	Sawler, Ruth	37 Clark St.	Hartland, NB CA E7P-2L3
D	Gildart, Sharon	34605 Rosebud Row	Zephyrhills, FL 33541

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10. 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 contained in Chapter 119, 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:

Alston W. Oliver, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/07
Date

1-866-866-3553
Daytime Phone #