PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Saridra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1797 1397 21 FN 1:41 N95000004638 DOCUMENT # SECTIONAL OF STATE TALLAMANCIE FLORIDA 1. Corporation Name BIBLE THEATRE INTERNATIONAL, INC. Malling Address Principal Place of Business 3591 NW 9TH AVENUE 441 SO. STATE ROAD 7 FT. LAUDERDALE FL 33309 SUITE 4 NO. FT. LAUDERDALE FL 33068 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 Date Incorporated or Qualified To Do Business in Florida 09/29/1995 Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number 65-6418934 Applied For APPLIED FOR City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED IV 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip PD BANKS, SYLVESTER JR 4301 NW 6TH COURT PLANTATION FL 33317 STD JONES, RENITA A 5428 NW 27TH STREET LAUDERHILL FL 33313 D THOMAS, CYNTHIA 4301 NW 6TH COURT PLANTATION FL 33317 ED BANKS, MARY 9752 S.W. 1ST STREET **PLANTATION FL 33324** REINSTATEMENT 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Mary Banks
Street Address (P.O. Box Number is Not Acceptable) BANKS, SYLVESTER JR **4301 NW 6 COURT** 151 ST. **PLANTATION FL 33317** 400002358074----11/25/97<u>State 1/966a 819</u> ル \*\*\*\*245**.PL \*\*\*\***24.0 agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registere Signature of Registered Agent Date 10/30/97 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year

12. 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.

Yes L

SIGNATURE: // My

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Intangible Personal Property tax due June 30.

1/30/97 (95)

(954)917-3200

(See other side for information on intangible tax.)