


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001758			
1. Corporation Name SONSHINE BIBLE COLLEGE, INC.			
2. Principal Office Address 5746 Marlin Road		3. Mailing Office Address 5746 Marlin Road	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500	
City & State Chattanooga, TN		City & State Chattanooga, TN	
Zip 37411	Country USA	Zip 37411	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 3/27/97			
5. FEI Number 65-0736004		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name DAVID T. DEMOLA			
Street Address (P.O. Box Number is Not Acceptable) 6111 SOUTH POINT BOULEVARD			
Suite, Apt. #, Etc. 18			
City FT. MYERS		State FL	Zip Code 33919
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 <i>David T. Demola</i>		Date 12-14-01	
REGISTERED AGENT MUST SIGN			
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/D	David T. Demola	6111 South Point Blvd.	Ft. Myers, FL 33919
S	Léo Natale	6111 South Point Blvd.	Ft. Myers, FL 33919
T/D	H. Michael Chitwood	5746 Marlin Rd., Ste. 500	Chattanooga, TN 37411
D	Philip S. Haney	1437 S. Boulder, Ste. 1050	Tulsa, OK 74119-3616
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 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: <i>David T. Demola</i>		800.225.5849	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #