PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN -2 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006493

1. Corporation Name: BIBLE THEOLOGICAL INSTITUTE OF FLORIDA, INC

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
1121 NW 8e AVENUE	P.O.BOX. 590875
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FLA.	City & State: TAMARAC, FLORIDA
Zip: 33311 Country: USA	Zip: # 33359 Country: U S A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

500003532555--9
-01/11/01--01035--027
****220.00 ****220.00

Name: PETIT, JEAN M PD

500003532555--9
-01/11/01--01035--028
*****16.00 *****16.00

Street Address (P.O. Box Number is Not Acceptable): 4600 NW 46 street

Suite, Apt. #, Etc.: N/A

City: TAMARAC State: FL Zip Code: 33319

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: Jean Petit
REGISTERED AGENT MUST SIGN

Date: 29 - December 2000

CR2E081 (9/99)

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
	PETIT JEAN M (PD)	4600 NW 46 St.	Tamarac, Fl 33319
	NOEL , CLAUDE (VD)	7708 Marget BLVD	Marget FLA.
	FONTUS, FRITZ (D)	9198 ORCHI TREE LANE	HOLLYWOO, FLA. 330 24

US
500003532555--9
-01/11/01--01035--029
******8.75 ******8.75

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: JEAN M PETIT Jean Petit 12-29- 2000 954-484-7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #