2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N9800007309 1. Entity Name MARANATHA THEOLOGICAL SEMINARY, INC.					FILED 06 APR 28 AM 10: 07			
Principal Plac 2450 NW 22 FORT LAUDE		Mailing Address 2450 NW 22 STREET 404/405 FORT LAUDERDALE, FI	450 NW 22 STREET					
2. Principal Place of Business 3. Mailing Address				- 10 F	IN THE PLANE			脚川 っと 人
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	il ne					05.01
City & State		City & State			4. FEI Number 65-088461	5	Not	Applicable
Zip 	Country	Country Zip		untry	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Add	tress of New Registered	Agent	
NORRIS, JOE L REV 2809 SOUTHWEST 5 COURT FORT LAUDERDALE, FL 33312				Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or both, in	the State of Florida. I an	n familiar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E; Register	ed Agent signature requ	lired when reinstating)	DATE		
Fil	LE NOW!!! FEE IS \$122.50	nce with did not	s. 607.193(2)(b receive the prior), F.S., the Make check payable to Florida Department of State				
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
NAME STREET ADORESS CITY-ST-ZIP	POWELL, LENNOX 7390 NW 36 STREET LAUDERHILL, FL 33319	□ Detete		1	3		☐ Change	Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D BELL, WILLIE 3430 NW 2 STREET FORT LAUDERDALE, FL 33311	☐ Oelete		l l			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORRIS, JOE L 2809 SW 5 COURT			E EET ADORESS '-ST-ZIP	000074335840 05/10/0601012015 **122.50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WILSON M 1301 NW 46 AVENUE LAUDERHILL, FL 33313	Colete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, ROLAND 1101 NW 46TH AVE. LAUDERHILL, FL 33313	☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CHARLES 3070 NW 70TH TERR MIAMI, FL 33147	☐ Delete		1			☐ Change	Addition
indicated of the co	certify that the information supplied with d on this report or supplemental report is rporation or the receiver or trustee empo- i, or on an attachment with an address, w	true and accurate and that wered to execute this repor	my signa t as requ	ture shall have the	e same legal effect as 17, Florida Statutes; a	if made under oath; that no that my name appear	i am an officer	or director
SIGNAT	TURE:			700	4-20	-2006	Charles Charles	
1	SEGNATURE AND TYPED OR PT	ENTED NAME OF BIGHING OFFICE	R OR DIREC	TOPE		Date	Daytime Phone #	1