2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2005
Secretary of State

DOCUMENT# N99000004860

Entity Name: MOUNTAINTOP INSTITUTE, INC.

Current Principal Place of Business:

8923 HAMPTON LANDING DRIVE EAST
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 55049
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3689828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARIING & BUSHNELL
3545-2 ST. JOHNS BLUFF RD. SOUTH.
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SCHEU, WILLIAM E
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM E SCHEU 09/21/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILSON, RADFORD
Address: 2330 EUCLID HEIGHTS BLVD #404
City-St-Zip: CLEVELAND HEIGHTS, OH 44106

Title: D ( ) Delete
Name: RAO, HAYAGREVA
Address: EMORY UNIV 1300 CLIFTON RD
City-St-Zip: ATLANTA, GA 30322

Title: PD ( ) Delete
Name: ROLLINS, BRYANT
Address: 8923 HAMPTON LANDING DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: STETSON, SHIRLEY B
Address: 9328 ARBOLITA WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: PITTMAN, JU`COBY
Address: 613 W ASHLEY ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: BELL, JR, ANDREW
Address: 1300 RIVERPLACE BLVD STE 500
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E SCHEU D 09/21/2005
Electronic Signature of Signing Officer or Director Date