2005 FOR PROFIT CORPORATION REINSTATEMENT

				_		
DOCUMENT # P99000096727] FILED		
1. Entity Name				ه محم	CT 20 AM 9: 39	
I HE VIR	TUAL BIBLE, INC.	3 -		y i		
			No.	SELI	CLIARY OF STATE	
Principal Plac	ce of Business	Mailing Address		TALL	(LTARY OF STATE AHASSEE, FLORIDA	
2560 HIGHLANDS VUE PARKWAY LAKELAND, FL 33813 LAKELAND, FL 33813					•	
LANEDAND, I	rL 33813	LAKELAND, FL 33813				
2 Principal F	Place of Business	La santina Addresa				
	P CANdice Ct	3. Mailing Address	O.Boy 72132		13 111	
Suite, Apt.		Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , ,	08192005 REII	N-P CR2E098 (6/04)
City & Stat	P	City & State		4. FEI Number		Applied For
Ortar	ado Pl	Orlando,	121	59-3626670	 	Not Applicable
Zip	32 USA	70000	Country USA	5. Certificate of Status	Desired	
176	6. Name and Address of Current	Registered Agent	10013	7. Name and Address	Fee Requi	red
Name O A / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
				P.O. Box Number is Not Acceptable). P. Can dicc CF		
TAMPA, FL 33618					e ct	
				lando	FL 7399	ر مرج
6. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
		1		T		
- F#	LE NOWIII - FEE IS \$300.00			in acc	ordance with s. 607.193(2)(b ration did not receive the prio), F.S., the rnotice.
10.	OFFICERS AND	DIRECTORS	11.		ES TO OFFICERS AND DIRECTO	
TITLE	DP OF TODAY	Delete	TITLE	ADDITIONS/CITANO	Change	
NAME	WARNER, DANIEL ARNOLD		NAME	0001	. 06	
STREET ADDRESS CITY-ST-ZIP	2560 HIGHLANDS VUE PARKWA LAKELAND, FL 33813	AY	STREET ADDRESS CITY-SI-ZIP	9408 CANDO Mando A	2/ 72872	
TITLE	DVP	☐ Delete	TITLE	relaboue P	☐ Change	Addition
NAME	STRANGE, JAMES FRANCIS		NAME	200	and the second second	_
STREET ADORESS CITY-ST-ZIP	9712 WOODLAND RIDGE DR. TAMPA, FL 33637		STREET ADDRESS CITY-ST-ZIP	10/20/05	060832482 01058020 ***3	50.00
TITLE	DTS	☐ Delete	TITLE	10, 20, 00	€ Change	
NAME	WHITAKER, RICH		NAME	,		
STREET ADDRESS CITY+ST-ZIP	1859 FISH HATCHERY CT. PALM HARBOR, FL 34684		STREET ADDRESS 2	024 Albe	nta St Pl 34604	
TITLE		, Delete	TITLE	ADDES VIIIL		Addition
NAME	- 10	1-	NAME -			
STREET ADDRESS CITY-ST-ZIP	1 1971	(CS	STREET ADDRESS CITY-ST-ZIP			
TITLE	Ψ.	☐ Delete	TITLE		☐ Change	Addition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP		,	STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME		0000	NAME		_ =	
STREET ADDRESS CHY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
I	t certify that the information supplied with	this filing does not qualify fo		Section 119.07(3)(i), Florida	a Statutes. I further certify that the	information
12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reviewer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.						
Changed, or on an attacomment with an address, warran other like empowered.						
SIGNATURE: GG & DOWN TOP OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
	SIGRAFORE AND TYPED OF P	HINTED NAME OF SIGNING OFFICER	OR DIRECTOR	y ate	: / Daytime Phofie	r v / - ~