

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 26 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0000 97640

1. Corporation Name

BiblePage.Com, Inc.

2. Principal Office Address

6830 SWAIN TRACE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32311

Country

USA

3. Mailing Office Address

PO Box 602

Suite, Apt. #, etc.

City & State

DEWITT, AR

Zip

72042

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/99

5. FEI Number

593609341

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

Name

LARRY Whitley of Whitley & Company PA.

Street Address (P.O. Box Number is Not Acceptable)

601 NORTH FERNCREAK AVENUE

Suite, Apt. #, Etc.

Suite 200

City

ORLANDO

State

FL

Zip Code

32853-6973

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

Larry Whitley
REGISTERED AGENT MUST SIGN

Date 8-24-04

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
D	DAVID A. SMITH	6830 SWAIN TRACE	TALLAHASSEE, FL 32311

100040540101
08/26/04--01051--013 **900.00

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:

David A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04
Date

(870) 946-2799
Daytime Phone #

CR2E081 (01/04)