


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # F99000002261

1. Corporation Name
LOMA LINDA UNIVERSITY, A CALIFORNIA CORPORATION

01 DEC -7 PM 4:00

Principal Place of Business 11145 ANDERSON ST. RM 203 LOMA LINDA CA 92354 Loma	Mailing Address OFFICE OF LEGAL COUNSEL LOMA LINDA CA 92354 Loma 92350
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REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 05/03/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 95-1816009
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
P	BEHRENS, B L	25329 HURON STREET	LOMA LINDA CA
V S	BULL, BRIAN S	24489 BARTON ROAD	LOMA LINDA CA
V CEO	CHEATHAM, W A HART, RICHARD	11544 ACACIA STREET 39277 Harris Road	LOMA LINDA CA Yucaipa
V CEO	PURSLEY, DONALD G	11565 RICHMONT ROAD	LOMA LINDA CA
AS AS	BROOKS, ROY E GATHINGS, SUSAN	7019 DOVER COURT 24946 Starr Street	HIGHLAND CA Loma Linda
AS	FROST, ROBERT W	24928 LAWTON AVENUE	LOMA LINDA CA

SEE ATTACHED FOR COMPLETE LIST OF OFFICERS AND DIRECTORS

8. Name and Address of Current Registered Agent SEAL, ROBERT C 1362 FOXFIRE DRIVE APOPKA FL 32712	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Robert C Seal* Date: 11/1/01

REGISTERED AGENT MUST SIGN

11. 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: *Susan Gathings* AD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Susan Gathings, Asst. Sec. 11/1/01 (909) 558-4522
 Date Daytime Phone #

CR02040 (8/01)

LOMA LINDA UNIVERSITY

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ALL OFFICERS AND DIRECTORS MAY BE REACHED
C/O Loma Linda University
Office of Legal Counsel
24946 Starr Street
Loma Linda, CA 92354

*Vice Chancellors are also designated as Vice Presidents